

Dear Applicant:

Thank you for your interest in Our Mother's House. We are pleased to begin the application process to determine if our program is suitable to your needs. This program challenges participants to continue learning as a parent, academically, and on a personal level as you take part in on-site programming, schooling in the community and employment.

If you are eligible, please review this information and thoroughly complete all of the forms.

After you have returned the application to us, we will review your information to determine if we meet your needs. If determination is made that you will benefit from our program and we have availability, you will be contacted for an interview.

Please contact our office at (941) 485-6264 ext.1500 with any questions you might have concerning the application process.

We look forward to hearing from you.

Sincerely,  
The staff of Our Mother's House



## Check your eligibility before moving forward?

- I am under the age of 18
- I have more than two children in my custody
- My child(ren) is/are three years old and/or older

If you checked **ANY** of the items above, you are **not eligible** for residency at Our Mother's House. If all of the items above do not pertain to you and are unchecked, please move forward with filling out the form.

# PROGRAM REVIEW



Before moving forward with an application, please review our program overview to ensure you are willing to comply.

Our Mother's House is a program of Catholic Charities, Diocese of Venice. Applications are considered without regard to race or religion.

Acceptance is based upon availability and the appropriateness of service to meet the clients needs

## Overview of Our Mother's House Program:

- 2 year voluntary program
- Residents have their own apartment and access to onsite laundry facilities
- Case management provided and resident is expected to follow action steps and meet goals outlined in their individualized plan
- Childcare available

## Mothers work toward self-sufficiency during residency by:

- Paying an incrementally increasing monthly program fee up to \$500 monthly
- Weekly meetings with case manager
- Participation in weekly life skills classes and community meetings
- Participation in individualized goal plan
- Actively participate in school and/or work
- Abide by Community Guidelines
- Accepting communal responsibilities of everyday living (ie. cleaning and picking up)

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# APPLICATION



To apply for our program, please complete in it's entirety.

Applicants Full Name :

Application Date :

 -  - 

Date of Birth :

 -  - 

## Demographics:

Gender:

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Not reporting

US Military Veteran?:  YES  NO  Not reporting

Are there any other health/physical/emotional needs or conditions you would like to inform us of?  YES  NO  Unknown  Not reporting

If yes, list any details:

## Household Demographics:

How many children do you have that would reside with you?

Currently pregnant?  Yes  No

Do you have other children not residing with you?

Child 1:

Date of Birth :  -  -

Child 1:

Date of Birth :  -  -

If yes, due date :

Cell Phone :

Email :

**Housing:**

Where are you currently residing?

Address, if known:

Length of stay at current residence:

If homeless situation, date homelessness started:

If in temporary housing, when does housing end and why?

# of times homeless in past 3 years?

Are you a Domestic Violence survivor?

 Yes  No

Are you currently fleeing?

 Yes  No  Don't know

**Financial:**

Are you currently employed?

 Yes  No

Income from any source?

 Yes  No

Total monthly income:

Monthly income type(s): (ie. earned income, child support, TANF, SSDI, etc)

Non-cash Benefit received?

Non-cash benefit type(s): (ie. SNAP, WIC, TANF Services, other)

Are you covered by health insurance?

 Yes  No

Is your child covered by health insurance?

 Yes  No

Health insurance type for yourself:

Health insurance type for your child:

**Education:**

Are you currently in school?

 Yes  No

If yes, what school?

High School Diploma?

 Yes  No

GED?

 Yes  No

Last grade completed?

**Medical:**

Are you covered by health insurance?

 Yes  No

Is your child covered by health insurance?

 Yes  No

Health insurance type for yourself:

Health insurance type for your child:

Medications currently taking, if any:

Medications child is currently taking, if any:

**Court History:**

Do you have any current criminal charges pending?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, list charge(s), location, and date(s):

If so, what county?

**Social/Personal History:**

Please use this space to tell us a little about yourself, how you reached this point in your life, what goals you may have?

I understand that completion of this form does not guarantee acceptance for residence at Our Mother's House. I certify that that information provided above is true and complete to the best of my knowledge and that falsifying information can result in changing the status of my qualification for the program.

Signature:  Date:

**Next steps:**

Mail completed Application and signed release forms to:

Our Mother's House  
P.O. Box 2240  
Venice, FL 34285

Or fax to 941-488-2289 or email to: [omh@catholiccharitiesdov.org](mailto:omh@catholiccharitiesdov.org)

You will be contacted for an interview should there be availability. Please check in weekly to the email above should you wish to remain on our list of applicants.