YWCA Cortland

Grace Brown House

Phone: 607-597-2221 Fax: 607-543-4605

Pre-qualification Assessment

Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Referral Source: _____

Are you a Domestic Violence victim/survivor?

- ☐Yes
- ☐No

If yes: when did the experience occur

- ☐Within the past 3 months
- ☐3 to 6 months ago
- ☐6 months to a year ago
- ☐1 year or more ago

If yes: are you currently fleeing?

- ☐Yes
- ☐No

What is your current living situation?

- ☐Place not meant for habitation/" the streets"
- ☐Safe Haven
- ☐Emergency Shelter (includes hotel/motel paid for by emergency shelter voucher)
- ☐Interim Housing (transitional housing)
- ☐Other (please explain) _____

Are you able to provide identification?

- ☐Yes
- ☐No

What type of Identification can you provide?

- ☐Driver's License
- ☐Non-Driver Identification Card
- ☐Social Security Card
- ☐Birth Certificate
- ☐Passport
- ☐Other _____

Do you need assistance getting identification?

- ☐Yes
- ☐No

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Are you able to get utilities in your name?

☐Yes

☐No

If no, please explain:

_____

_____

Do you have children that live with you or that you have visitation within your home?

☐Yes, they live with me

☐Yes, I have visitation in my home

☐No

Names and ages of children:

_____

_____

Do you have income from any source? If yes, indicate the source and provide the monthly amount for all sources that apply below

☐Earned Income (i.e. employment) $_____	☐Unemployment Insurance $_____
☐Supplemental Security Income (SSI) $_____	☐Social Security Disability Insurance (SSDI) $_____
☐VA Service-Connected Disability Compensation $_____	☐VA Non-Service-Connected Disability Pension $_____
☐Private Disability Insurance $_____	☐Worker's Compensation $_____
☐Temporary Assistance for Needy Families $_____	☐General Assistance $_____
☐Retirement Income from Social Security $_____	☐Pension or Retirement Income from a Former Job $_____
☐Child Support $_____	☐Alimony or Other Spousal Support $_____

Are you receiving any non-cash benefits from any source?

☐SNAP

☐TANF Child Care Services

☐Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

☐TANF Transportation Services

☐Other TANF-Funded Services

☐None

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Do you have any special needs so that you can live independently?

☐Yes

☐No

If yes: please explain:

_____

_____

Do you have pets?

☐Yes

☐No

If yes, are they registered service animals with proper documentation from a physician?

☐Yes

☐No

If yes, what type of animal?

_____

Are you able to pass a background check?

☐Yes

☐No

If No, please explain:

_____

_____