



DOING THE
MOST GOOD™

The Salvation Army
1330 Hudson
Helena, MT 59601
406-442-8244

**Pre-Requisite Applying for Transitional Living Program or
Ground Zero Sober Living Program**

ALL applicants **must** provide a current **Chemical Dependency Evaluation** and **Mental Health Evaluation** as part of the application process. These evaluations cannot be more than 6 months old. If you have had these evaluations, you will need to contact your providers who administered the evaluations and have them fax **406-442-8134** or email val.mattfeldt@usw.salvationarmy.org.

If you have not had any of these evaluations, you can contact the office at **406-442-8244** and ask **Val** for a referral. If you have Medicaid this should be covered, if you don't have Medicaid we will pay for the evaluation. **Evaluations need to be completed and provided to us by the provider before we can move forward on your application.**

This program is unable to accept applicants on MAT (Medication-Assisted Treatment) or taking any medications preventing a negative drug test.

By signing below, I understand my application can't be processed without a current copy of my Chemical Dependency/Mental Health evaluation.

Applicant's Signature

Date

Date Received: _____

Client Id # _____

Program Application for Transitional Living and Sober Living

Applications can be submitted via:

Email: val.mattfeldt@usw.salvationarmy.org

Mail: 1330 Hudson St. Helena, MT 59601

Our Webpage: helena.salvationarmy.org or by Fax: 406-442-8134

For more information please call 406-442-8244

The Salvation Army of Helena, Montana is in the business of restoration; moving people from one point in life to a better place in life Spiritually, Physically, Emotionally, Socially, and Financially.

We are not a rental housing opportunity. We offer programs that includes life skill classes, case management and shelter. Participants are selected based on availability, current personal development activities, and scope of need.

Application must be complete to be considered.

Please mark which program you are applying for below:

_____ I am applying for **Transitional Living Program for Families**

_____ I am applying for **Ground Zero Sober Living Program for Single Individuals**

Applicant Full (Legal) Name: _____ **DOB:** _____

Alias: _____ **Are You a Veteran?** _____ YES _____ NO

Primary Race: _____ American Indian or Alaska Native, _____ White, _____ Asian,
_____ Black/African American, _____ Native Hawaiian or Other Pacific Islander

Ethnicity: _____ Non-Hispanic/Non-Latino, _____ Hispanic/Latino

Contact Phone Number: _____ **Email:** _____

Current Mailing Address (if Applicable): _____

By initialing the boxes below, you agree to the following (One Box per Adult Applicant):

I understand applicants are subject to a Criminal Background Check prior to placement. (Initial Box) →

Adult 1	Adult 2

I understand the Transitional Living Program, Ground Zero Sober Living Program and The Salvation Army campus is Drug, Tobacco, and Alcohol-free. (Initial Box) →

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Consent is given for the purpose of verifying applicant information through references, program case managers, and or any other outside agencies as needed to determine eligibility of our program. **I hereby give permission to The Salvation Army to contact any Government or Private Agency and case-worker to obtain information, which would be helpful in understanding my present situation. I also give consent to the workers and agencies that The Salvation Army is requesting information from to** →

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Which Program Are You Applying For:

(ONLY ONE Selection allowed)

- ☐ Single Male
 ☐ Single Male with Children
 ☐ Single Female
 ☐ Single Female with Children
 ☐ Married with Children

List all members who will be ENTERING the program (<u>Including Yourself</u>)			Gender	
Name (First Last)	Relationship to you	Date of Birth	M	F

Income		
	Who Receives	Amount
Child Support		
Earned Income		
SSDI/SSI		
TANF		
Unemployment		
Food Stamps (SNAP)		
Child Care Assistance		
Other Please Specify		

Expenses		
Type	Actual Monthly Payments	Amount owed (Past Due)
Car Payment		
Credit Card Payments		
Food		
Gas		
Habits		
Insurance		
Medical Bills		
Phone		
Rent		
Utilities		
Entertainment		
Cable/Internet/Hotspot		
Other Please Specify		
Other Please Specify		
Other Please Specify		

Are you on Medicaid? _____ Yes _____ No

What do you hope to get out of this program? (Please be specific) _____

What are your reasons for applying to this program? (Please be specific) _____

Are you currently participating in any of the following Court ordered or required programs?

Program	Required		Contact Information- Name and Phone Number
	YES	NO	
Child Protective Services (CPS)			
Drug Court			
Probation and Parole			
Other: _____			

Are you a sexual or violent offender? ____Yes ____ No Please indicate: _____

Are you currently homeless?

☐ NO

Type of Facility:

- ☐ Department of Corrections
 ☐ Mental Health Facility
- ☐ Pre-Release
 ☐ Drug Treatment/Rehab

Name of Facility _____
 Case Manager Name _____
 Phone Number _____ -
 What is your program exit/ completion date? _____

☐ YES

What was the cause of your homelessness? _____

Please describe your current living conditions? _____

Please Sign Below

All sections of this application must be filled out. If the application is not complete, including initials on front page, all questions and a signature, it will be denied.

I understand that this is the initial application of inquiry into The Salvation Army's Transitional Living Program or Ground Zero Sober Living Program. I verify that all information is true and correct, and understand that this application does not mean acceptance into our program. By signing below, you are agreeing that the above-mentioned information is true and complete to the best of your ability.

Applicants Signature – Adult 1

Applicants Signature – Adult 2

Date