

The Byrd's Nest

Application and Assessment

(Operating under All the Way Around Transition, LLC)

Application Date: _____

Applicant Information

- **Applicant's Name:** _____
- **DOB:** _____
- **Age:** _____
- **Phone:** _____
- **Nickname:** _____
- **Email:** _____
- **How did you hear about The Byrd's Nest?**

Living Arrangements

- **Current Address:**

- **Prior Address:**

- **Where did you sleep last night?**

- **When was the last time you lived independently?**

- **What happened?**

- **Are you or have you ever been homeless?**

Financial Information

- **Monthly Income:** _____
- **Source:** _____
- **Food Stamp Allotment:** _____
- **Amount of Outstanding Debt:** _____
- **Monthly Bills/Expenses:** _____
- **Do you need assistance in establishing credit or consolidating debt?**

Educational Information

- **Highest Grade Completed:** _____
- **GED or Diploma?** _____
- **Current School Enrollment?** _____
- **Vocational or Job Training?** _____
 - **Dates:** _____
 - **Type & Completion:** _____
- **Other accomplishments, certifications, college credits/degrees:**

Family Information

- **Marital/Relationship Status:**

- **Do you have any children?** If yes, list number, ages, gender, and relationship status:

- **Other Family Relationships (positive, negative, neutral):**

Employment Information

- **Current Employer:** _____
- **Position:** _____
- **Annual Income:** _____
- **Hours per Week:** _____
- **Past Jobs:**

- **Employment Skills:**

- **If not employed, why?**

- **Are you willing to work?** _____
- **Preferred type of work:** _____
- **Do you have a current résumé?** _____

Driving Information

- **Do you have a valid Driver's License?** _____
- **If not, why?** _____
- **Are you eligible to apply for a valid DL?** _____
- **How long have you been driving?** _____

Military History

- **Branch:** _____
- **Dates Enlisted:** _____

- **Discharge Type:** _____
- **Combat Veteran?** _____
- **Connected to VA Services?** _____
- **If not, are you willing to apply?** _____

Medical / Mental Health Information

- **Chronic Illnesses or Disabilities requiring accommodation?**

- **If yes, explain:**

- **Diagnosed Mental Health Conditions?** _____

- **Explain:**

- **Outpatient Treatment (dates):**

- **Inpatient Treatment (dates):**

- **Psychotropic Medications?** _____

- **List & instructions:**

- **History of suicidal ideations/attempts?** _____

- **If symptoms arise, are you willing to seek treatment?**

Substance Use Information

- **Are you currently using any substances?** _____

- **Type & length of use:**

- **Willing to seek substance abuse treatment?**

- **What role did substance use play in your current situation or incarceration?**

- **Can you pass a drug/alcohol test?** _____
- **Use tobacco/vapes?** _____
 - **Amount per day:** _____
- **Willing to quit?** _____

Domestic Violence

- **Are you a victim of domestic violence?** _____
- **Duration:** _____
- **Are you currently in danger?** _____
 - **Explain:**

Legal Information

- **Do you owe child support? Amount:** _____
- **Are you currently paying? Amount:** _____
- **Ever been arrested?** _____
 - **Type of crime(s):**

- **Felony convictions?** _____
 - **List crime, date, sentence, place of incarceration:**

- **If incarcerated, EOS date:** _____
- **On probation/parole?** _____
 - **Officer name, requirements, termination date:**

Behavioral Information

- Ever removed, banned, or dismissed from any program?

- Explain:

- How would you describe yourself?

- Ever had a restraining order filed against you?

Personal Interests

- Hobbies/activities/interests:

- Improvements you want to make in your life:

- What would you like to eliminate from your life?

- How can we help you?

Future Plans

- Two short-term goals:

- Two long-term goals:

- Where would you like to be in 1 year?

- Where would you like to be in 5 years?

Spiritual Information

- **Do you have a spiritual support system?**

- **Interested in attending religious studies or services?**

○ **If yes, specify:**

Applicant Certification

- **Applicant's Signature:** _____
- **Printed Name:** _____
- **Date:** _____