



WAYNESBORO AREA REFUGE MINISTRY

Post Office Box 1494 • 1035 Fairfax Avenue • Waynesboro, Virginia 22980

Telephone: (540)324-8166 Email: info@warmwaynesboro.org Website: www.warmwaynesboro.org

Please read [Waynesboro Area Refuge Ministry-WARM's](#) below description prior to completing your Application for Residency.

What is WARM?

Waynesboro Area Refuge Ministry (WARM) is a 501©3 organization that provides emergency and temporary housing to individuals and families who lack the resources to maintain stable housing. WARM provides winter shelter to homeless adults and temporary supportive housing to homeless women with children in Waynesboro, Virginia.

Our **WARM House** is a social model-transitional living program in Waynesboro, VA that provides temporary housing and support services to homeless women with children. The house, operated by the WARM Board of Directors and staff, solely exists to give homeless women with children a temporary house, time, support and services that will enable them to transition from homelessness to independence. The **WARM House's** structure offers accountability, drug testing, mentors, peer support, case management, trainings, and community referrals. We do not offer any extensive services and refer all residents to the appropriate community services agencies to address their specific medical, financial, psychological, education, job related, domestic violence and/or substance abuse recovery related needs.

What is the cost of WARM's services?

The primary purpose of the **WARM House** is to help homeless women with children transition into a more stable situation. Therefore, we provide our residence and services *at no cost* to the participants. WARM is financially supported by local churches and charitable donors that provide the means to cover the cost of the residents living quarters, program services, in-house activities, and basic needs. Each family is sponsored by an area congregation based on which room they occupy in the **WARM House**. Our goal is to allow each mother an opportunity to regain stability, with minimal financial obligations, while she is at the **WARM House** rebuilding her family's future.

What are the eligibility requirements of WARM?

All participants must be eighteen years or older, homeless or without appropriate housing, have at least one child in their custody/care, must not have any unattended current warrants and/or capiases, must *not* be fleeing from a current domestic violence incidence, and must be willing to abide by WARM's regulations and requirements. For the safety of our staff and residents we cannot give WARM House access to applicants that appear to be under the influence of alcohol or drugs at intake, in need of immediate medical and/or mental health treatment, or anyone believed to be a potential danger to themselves or others.

Also, WARM is unable to provide residency to sex offenders. Please contact our Program Manager if you would like further information on our eligibility requirements.

What is the process to participate with WARM?

Complete and submit an application (by appointment only); if approved all participants meet individually with WARM Program Manager and/or Executive Director to review the detailed rules and regulations of the program that include, but are not limited to, house curfews, house rules/policies, work/community service requirements, drug testing requirements, etc., sign a Participant/Program Contract, and begin residency if space is available or be placed on the WARM House Waiting List.

******WARM. has an ongoing relationship with other local community agencies, Department of Social Services, Child Protective Services, the local Department of Corrections, Parole/Probation, and Drug Court. Please be aware of our cooperation with these programs if your admission to our programs will be governed by one of these agencies or your residency at the WARM House will require regular reporting to others.*****

****Office Use Only****

Application # _____
Date/Time Rec'd: _____
Staff Person: _____



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WARM HOUSE APPLICATION

Date _____ By whom were you referred? _____

General Information

A. Full Name: _____ Phone: _____

Previous Names or Aliases Used: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Last Permanent Address: _____ City: _____ State: _____ Zip: _____

(last address where lease was in your name and/or you were a member of leased household)

Email Address: _____

B. Do you have regular income? YES NO Amount: \$ _____ per _____

Source of Income: Employment Disability Unemployment Other: _____

If applicable, Employer's Name: _____

Employer's Address: _____

Employer's Telephone No.: (_____) _____

Supervisor's Name: _____

Position Held: _____

Length of Time at This Job: _____

If you do not have a job, are you willing to get one? YES NO

If yes, do you have any current job plans? YES NO Explain: _____

C. Relationship status (circle all that apply): Married Never Married Separated Divorced Dating Widow

Explain: _____

** Please note that WARM has visitor policies that place restrictions on significant others within the house*

D. Physician _____ Date of Last Visit: _____

E. Are you currently pregnant? YES NO If Yes, what is your due date? _____

F. Do you have Health Insurance? YES NO If Yes, who is your provider? _____

G. Has a physician determined that you are disabled? YES NO If yes, type of disability: _____

H. Do you have any allergies? YES NO If yes, describe allergy, severity, and if emergency response is needed during allergic reactions: _____

I. Do you take medication? YES NO If yes, list the medication(s) and frequency: _____

J. Do you smoke? YES NO **If yes, please note that we enforce a smoking policy with specific hours/locations*



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Other Personal Information

A. Are you fleeing from a current domestic violence incidence or fear for your safety in ANY way? YES NO
Explain: _____

**If yes, please note that WARM does not provide domestic violence services and we must refer you to local organizations that are trained and licensed to properly serve your family's situation.*

B. Are you a registered sex offender or have pending charges for crimes related to inappropriate behavior with minors, sexual assault, lewd acts, etc.? YES NO
Explain: _____

C. Have you been treated or incarcerated for drug use/possession or distribution? YES NO Explain: _____

D. Are you currently on parole/probation or have **any** pending charges? YES NO
Explain: _____

E. Do you own a vehicle? YES NO Does it have current and proper registration & insurance? YES NO
If yes, Make/Model: _____ Color: _____ Tag: _____

F. Is there any other important information that we should know about you (behavior, fears, issues, etc.)? _____

Children's Information

A. List all of your children, their sex, birthdate/ages, whether or not they are in your custody (Y or N), and school or daycare that they attend if applicable:

Full Name Sex Birthdate/ Age Custody? School/Daycare Attending

- 1. _____
- 2. _____
- 3. _____

Use a sheet of paper for additional children and attach to application if needed

B. Is your child(ren) disabled? YES NO If yes, child name and type of disability: _____

C. Does your child(ren) have any allergies? YES NO If yes, describe allergy, severity, and if emergency response is needed during allergic reactions: _____



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C. _____

D. Does your child(ren) take medication? YES NO If yes, list the child’s name and medication(s): _____

E. Has Child Protective Services or any other child advocacy program had an open case on behalf of your child(ren)? YES NO If yes, please list the child(ren), the year(s) of case, advocacy agency, and a brief description of incidence(s)/case: _____

F. Is there any other important information that we should know about your child(ren((behavior, fears, etc.)? _____

COMMUNITY RESOURCES PROVIDERS

Please list any therapists, counselors, or others who are providing services to you and/or your children (e.g. WIC, SRS, CUM/Salvation Army, SA/DVC, Court Services, Attorneys, Mediation Services, AA, NA, Churches, Resource Council, other support groups/services. *It is a requirement of WARM, Inc. that every mother with a child two years or under be on the WIC program.

Table with 5 columns: Name of Provider, Service(s) Provided, Address, Phone #, Caseworker/Rep. and 7 empty rows.

What is your desired relationship with WARM? Check one.

- o Resident; I would like to be considered to live at the WARM House, without charge for rent/utilities.
o Referral; I need some help finding the right resources for my situation.

Have you received services from us before? _____ When? _____



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Emergency Contacts:

Name/Relationship Address Telephone Number

Name/Relationship Address Telephone Number

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I hereby acknowledge that the above information is true and correct to the best of my knowledge. I understand that falsifying any information on this application can result in the denial of my participation at the WARM House. Furthermore, I understand that if accepted into the WARM House, my future continued eligibility can immediately be terminated if the staff becomes aware of any false information provided on this application.

Print name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____ to provide information to the staff/representatives of Waynesboro Area Refuge Ministry (WARM.).

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my _____ with your company/agency insofar as the information is released solely to Waynesboro Area Refuge Ministry, who are evaluating my eligibility for services.

The information requested by Waynesboro Area Refuge Ministry will serve to verify my statements regarding income, employment, participation in education/training, past/current treatment for any disability, criminal history, and any other information deemed necessary to determine my eligibility for Waynesboro Area Refuge Ministry services.

This authorization and its duplicates shall be treated as an original in incidents of information requests made by postal mail, facsimile transmittal, and/or electronic messaging, The requested information may be provided by your company/agency to Waynesboro Area Refuge Ministry in writing via postal mail, facsimile transmittal, electronic messaging or by telephone. This authorization shall remain valid for 180 days from the date of signature.

I hereby release your company/agency from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the eligibility verification as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

√ _____

Signature

√ _____

Date

√ _____

Printed Name

√ _____

Date of Birth

√ _____

Social Security Number

<p>**For WARM. Office Use Only**</p> <p>Company Information Requested From: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax Number: _____</p> <p>Date Request Sent: _____</p>
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