



Harmony House



Harmony House Transitional Living Program offers homeless pregnant or parenting youth a safe, nurturing place to learn effective parenting skills and essential life skills in a supportive environment.

TO APPLY: Submit application & required documentation to:

District 7 HRDC

7 N 31st Street

P.O. Box 2016

Billings, MT 59103

(406)247-4732

Email: info@hrdc7.org

www.hrdc7.org/programs/harmony-house



Harmony House Transitional Living Program Application

Harmony House Transitional Living Program gives the opportunity for young parents and families to overcome homelessness by providing stable housing; partnered with case management, life skills, parenting skills, and a safe environment they can reach their goals of stability for their family.

Eligibility

Harmony House accepts self-referrals as well as referrals from community programs and individuals. Applicants must complete an application, and successfully complete an interview with staff.

Applicants must be:

- Homeless (complete a homeless verification form)
- 16-21 years old
- Pregnant or parenting
- Willing to fully participate in programs required activities
- Motivated to become successful at completing their own goals
- Willing to live in a community environment with other residents
- Willing to work cooperatively with program staff to develop and strengthen skills.

Residents will be required to participate in:

- GED or High school acquisition
- 30 hours of productive activities
- Financial planning and budgeting
- Life Skill programs/classes
- Parenting education
- Work training
- Case Management services

Application Instructions

Dear Applicant,

Please read the instructions and application thoroughly and fill out all portions of the application completely. The application must be complete before staff can conduct an interview. If you are having difficulties completing portions of the application please don't hesitate to contact staff for assistance. The contact info is on the first page of the application.

If you're single you'll only need to fill out one application. If you have a partner who will be living with you they must complete their own separate application and be willing to fully participate in each component of the program.

- To be completed by the applicant
 - Application and basic intake form
- To be completed by someone other than the applicant
 - **Reference checks (2):** submit two references from people who you know and trust. Only one may be completed by a family member or friend. Other suggestions might be: teachers, pastors, employers/supervisors, other professionals/agency workers, etc.
 - **Homeless verification form:** to be completed by a professional who is familiar with your situation and is able to verify your status as homeless. Check the box next to the description that best fits the living situation. Sign and date.

A completed application can be faxed, emailed, postal mail, or delivered to HRDC in Billings. Once the application is received it will be reviewed by staff to determine your eligibility and staff will be in touch to schedule an interview.

Thank for your interest in Harmony House Transitional Living Program.

Harmony House Staff
info@hrdc7.org
Phone: 406.247.4732
Fax: 406.247.4747

Head of Household Information:

Name: _____ Phone: _____

Current Address: (street, city, zip) _____

Or Last address: _____

Birthplace (City and State) _____

Date of birth _____ Age _____

Relationship Status:

☐ Married ☐ Divorced ☐ Single ☐ In a relationship ☐ Separated

Ethnicity:

☐ African-American ☐ Hispanic ☐ Native American (Tribe _____)
☐ White, Caucasian, non-Hispanic ☐ Asian/Pacific Islander

Education history:

☐ High School Diploma ☐ GED ☐ High School not complete
☐ Some College (how much _____) ☐ Last Grade completed _____

Employment:

Are you currently employed? Yes/No

Current Employer: _____ Phone: _____

What is your monthly income? _____ Hours per week: _____

Do you have a Spouse/Partner that will be living with you? YES/NO

*If yes please complete the following and fill out an additional application with their information.

Spouse/Partner Name: _____ Phone: _____

Current Address :(street, city zip) _____

Or Last address: _____

Birthplace (City and State) _____

Date of birth _____ Age _____

General Household Information

What was your families' recent living situation?

- ☐ Street ☐ Shelter ☐ Transitional living ☐ Car
☐ Friends or family ☐ Drug treatment ☐ Hospital ☐ Rental property

Transportation:

What is your current means of transportation?

- ☐ bus ☐ personal vehicle ☐ friend/relative ☐ walk

Have you applied to any of the following?

- ☐ Public Housing ☐ Other subsidized housing ☐ Section 8 Housing

Services/Support Income:

Are you currently receiving any of the following services/forms of income?

- ☐ Medicaid ☐ Food-stamps ☐ WIC ☐ Public Assistance ☐ SSI ☐ TANF
☐ Child Support ☐ Unemployment ☐ Other _____

Legal History:

Have you ever been charged or convicted of any crime (misdemeanor or felony)? Yes/No

If yes please explain what happened when the incident occurred.

Probation Officer and contact info _____

Medical History:

Do you currently have any health problems/concerns? ☐ yes ☐ no

If yes, please explain. _____

Do you have any special needs we should be aware of? ☐ yes ☐ no

If yes please explain _____

If pregnant when did you first seek prenatal care? _____

Who is your OBGYN? _____ phone _____

When are you due to deliver? _____

Mental Health/Substance Abuse History:

Do you currently have any of the following or have they ever been an issue?

☐ Alcohol abuse ☐ Mental Health Issues ☐ Drug abuse ☐ Prescription drug abuse

Other: _____

Please give a brief description of the above.

Please include a brief description of any in-patient or outpatient counseling/treatment you currently receive or have received in the past for substance abuse or mental health services.

Child:

Child's Name _____ DOB ____/____/____

☐ Male ☐ Female

List any medical concerns you have for your child or medical issues your child is currently being treated with. _____

Describe your child's personality _____

Name of child's father _____

Is the father of your child involved in the child's life? ☐ Yes ☐ No

Please explain: _____

Do you plan on having your children live with you? ☐ YES ☐ NO

*Please attach additional paper if more than one child in the household

Child Care:

Is your child/children currently attending a daycare? Yes/No

If so where? _____

Do you have full custody of your child? ☐ yes ☐ no ☐ not applicable

If not please explain the custody agreement for your child. _____

Goals:

What do you hope to accomplish while in this program?

What services are you needing/interested in receiving from this program?

Are you currently working with any other community agencies? If so who?

Were you referred by anyone? Yes/No

Referring Agency _____

Referring Agency contact person _____

Contact person phone # _____

Applicant signature _____ **date** __/__/__

Staff signature upon receipt _____ **date** __/__/__

Please return application to: District 7 HRDC: 7 N. 31st P.O. Box 2016 Billings, MT 59103



HOMELESS VERIFICATION FORM

Name of Applicant: _____

I certify that the individual being referred to Harmony House is homeless according to one of following definitions. The individual resides:

- ☐ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings. (Signed client statement required)
- ☐ In family/friend dwelling and at risk of being evicted; couch surfing. Person lacks resources and support and does not have a permanent night time residence. (Documentation of Eviction and client statement required)
- ☐ In an Emergency Shelter. Name of Shelter: _____
- ☐ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. (Documentation of homelessness required)
- ☐ In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. (Documentation of length of stay required)
- ☐ Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. (Documentation of Eviction and client statement required)
- ☐ Is fleeing an unsafe environment because of violence, drug/alcohol use with family or friends.

*Referring person/title: _____

*Referring agency: _____

*Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

* Documentation of individuals place of residence, length of stay, and inability to obtain housing may be required.



HUMAN RESOURCES DEVELOPMENT COUNCIL

7 North 31ST Street; P.O. Box 2016

Billings, MT 59103

406.247.4732 1.800.433.1411

FOR OFFICE USE ONLY

HH# _____

ENTERED ON COMPUTER _____

PROGRAM INITIALS _____

BASIC INTAKE FORM

SEX CODES

F = Female

M = Male

RACE CODES

BL = Black – Not Hispanic

WH = White – Not Hispanic

AI = Native American/Alaskan Native

HB = Hispanic – Black

HW = Hispanic – White

HI = Hispanic

PI = Pacific Islander

AS = Asian

OT = Other

HOUSEHOLD MEMBER INFORMATION

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE			Sex	RACE	DISABLED YES / NO	MILITARY STATUS	TRIBAL Member YES / NO	LAST GRADE COMPLETED OR DEGREE EARNED	WORK STATUS	HEALTH INSURANCE (CHECK ALL THAT APPLY)
			M	D	YR								
1.		SELF / HEAD OF HOUSE							<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
2.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
3.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
4.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
5.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
6.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
7.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable			<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE

Basic Intake Form page 2

HOUSEHOLD ADDRESS INFORMATION

Street Address:_____ City:_____ State:_____ Zip:_____ County:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____ County:_____

Home Phone:_____ Cell Phone:_____ Message Phone:_____ Contact Name:_____

Housing Structure Type: __ Apartment/Duplex __ Single Family House __ Mobile Home __ Shelter/Transitional __ None/Homeless

Do you: __ Rent / __ Own Live On a Reservation: __ Yes / __ No

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship.
(Do not include Food Stamps or any other non-cash assistance programs below.)

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			

READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER

- ◆ The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.
- ◆ The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- ◆ I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature: _____ Date: ____/____/____