

ACTION-Housing, Inc.  
**MyPlace Transitions Program**  
 817 East Pittsburgh Plaza  
 East Pittsburgh, PA 15112  
 Telephone: (412) 824-0982

**Application Form**

Applicant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

GENERAL INFORMATION	
Age: _____	Birth date: _____
Gender: _____	Race: _____
Social Security #: _____	US Citizen? (Circle One) Yes No
Cell phone #: _____	Email address: _____
Current address with zip code: _____	Name and address of parents/guardian: _____
How would you describe your present housing: (Circle One) Stable Unstable	
Please explain your present living situation: _____ _____ _____	
Do you have children? (Circle One) Yes No If yes, please list name[s] and age[s]. _____	
_____ Do they live with you? (Circle One) Y N	
How may we contact you? _____ _____	
In case of an emergency or if we are unable to reach you, list two [2] contacts? Name: _____ Relationship: _____ Address: _____ Phone: _____	
Name: _____ Relationship: _____ Address: _____ Phone: _____	
Do you have a driver's license? ___ Yes ___ No	
Is your license suspended? ___ Yes ___ No	



If yes, where and when? \_\_\_\_\_

**MENTAL HEALTH HISTORY**

Have you ever had a mental health diagnosis?  Yes  No  
If yes, what was it and who diagnosed you? \_\_\_\_\_

Do you have a current mental health diagnosis?  Yes  No  
If yes, what is it? \_\_\_\_\_

Are you being treated?  Yes  No

Who is your provider? \_\_\_\_\_

Are you currently taking any medications?  Yes  No  
If yes, please list them. \_\_\_\_\_

If you presently have or have had a mental health history and/or history of addiction, are you willing to address these with outside agencies on an on-going basis while in this program?  Yes  No

Do you require any special assistance for daily living?  Yes  No  
If yes, please explain \_\_\_\_\_

**Please list all programs or agencies you are presently involved with.**

Program/Agency:	Service they provide to you:	Contact Person & Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**What do you want to accomplish if accepted into MyPlace Transitions Program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The information I have provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of information regarding finances, employment, education, housing, other program participation, health and other necessary information related to my application for program participation.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date