

Applicant Initials:

Identification Number:

Supportive Housing for Mothers in Recovery Application

This program is a collaboration between Twin Pines Housing Trust, Second Growth, Mascoma Valley Health Initiative, and ALL Together. The goal of the program is to offer housing, recovery support, education, and referrals to the residents. The program is funded by Dartmouth-Hitchcock's Community Health Department and Hypertherm's HOPE Foundation.

Full Legal Name

Date of Application

Phone/Cell Number

Email Address

Referred By

Personal Information

What is your gender? (check one)

Female Male Transgender Other: (please explain) _____

Are you currently pregnant? (check one)

No Yes If yes, when are you due: _____

How many children do you have? (you will be asked to list them on the next page) _____

What is your marital status? (check one)

Single Married Separated Widowed Divorced
Other: (please explain) _____

If selected for the program, would your relationship partner live with you in the housing unit? (check one)

No Yes Not Applicable

Are you a Domestic Violence Victim?

(includes verbal, emotional, sexual, physical, & financial abuse)

No Yes

If yes, have you ever been in contact with a Domestic or Sexual Violence Support Agency?

Yes, WISE Yes, Turning Points Network

Yes, another agency not listed here No

Are you safe in your current living situation? (explain below)

Are you currently homeless? (check one)

No Yes

How many times in the past year have you been homeless? (check one)

1 or 2 times 3 or more times Not Applicable

What is your current living situation?

(Give as much detail as possible)

Applicant Initials:

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Please list the details excluding names of all your children here (add additional pages if necessary):

Child 1:

Age

Gender

In School? (check one)

No Yes If yes, what type of school and town: _____

Do you have permanent Full Custody? (check one)

Yes No Other If No or Other (please explain): _____

Child 2:

Age

Gender

In School? (check one)

No Yes If yes, what type of school and town: _____

Do you have permanent Full Custody? (check one)

Yes No Other If No or Other (please explain): _____

Child 3:

Age

Gender

In School? (check one)

No Yes If yes, what type of school and town: _____

Do you have permanent Full Custody? (check one)

Yes No Other If No or Other (please explain): _____

Child 4:

Age

Gender

In School? (check one)

No Yes If yes, what type of school and town: _____

Do you have permanent Full Custody? (check one)

Yes No Other If No or Other (please explain): _____

Supportive Housing for Mothers in Recovery Program Details

To be eligible for this housing program, you need to meet all of the following criteria:

- Identify as a woman or female
- Be pregnant or have one or more children
- Be currently enrolled in a Medication Assisted Treatment program to treat and recover from an opioid use disorder in Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, or Plainfield in New Hampshire or Fairlee, Hartford, Norwich, or Thetford in Vermont.
- Be housing insecure or homeless
- Be ineligible for housing through other TPHT or similar housing programs

Program description:

- Program participants are provided housing for up to twelve (12) months.
- Program participants are not responsible for any portion of their rent, electricity or heat during the twelve (12) months.
- Program participants can request to have internet services connected and covered through the program free of charge
- This program matches savings earned over the program up to \$1,000, which is received upon transitioning out of the housing into a permanent resident.

Housing program participants are required to:

- Remain enrolled in a Medication Assisted Treatment program/practice and provide a signed proof of enrollment letter to the TPHT Residence Coordinator monthly.
- Meet with a Second Growth Recovery Coach at least monthly and provide a signed proof of meeting to the TPHT Residence Coordinator. All adult residents in the apartment must also meet with a Second Growth Recovery Coach once a month.
- Agree to all the TPHT housing rules as well as agree that there will be no alcohol or other drug use by any residents in the housing unit and that there will be no smoking or vaping any tobacco products inside the housing unit.
- Develop a housing transition plan which may include saving money for an apartment deposit, getting a job, pursuing additional educational opportunities, and establishing financial stability.

By submitting this application you agree to enter into a selection process for program housing. During this process your supplemental application with your name removed will be presented to the ALL Together Continuum of Care Housing Support Advisory Council. The Advisory Council will select program participants using the anonymous supplemental application with guidance from pre-established criteria.

You are also acknowledging that in the event that you are chosen for placement, you will be prepared to submit a form letter from your Medication Assisted treatment provider confirming you are in treatment.

By completing this supplemental application you agree that the information provided on the previous pages is accurate and truthful to the best of your knowledge. You are acknowledging that you are aware that this is NOT a promise of placement, and that it is an application ONLY. You understand that placing false information anywhere on this form may lead to disqualification of selection for the program.

Applicant Name

Applicant Signature

Date of Application