Faulding Application Checklist/ Instructions

Please use this as a guide/reference when applying. *Note we will not accept any applications that have any missing information.* When filling out the application for the following fields:

(Fields 1-8 are found on page one and two of the application)

1. We need your basic information, last and first name and your middle initial.
2. In the second field we need your social security number, date of birth, and your I.D. number. You can either use a driver's license or a regular identification card.
3. Field number three requires your present or most current physical home address. Do not fill this area in with a p.o. box.
4. Make sure we have at least one working number we can contact you at. We will only communicate with you by phone.
5. Fill out any and all sources of income that apply to you. Make sure you also fill out the monthly amount you receive. Please attach proof of employment (most recent check stub), social security (award letter), and section 8 (voucher), other (any proof of what you get monthly). Copy of I.D. and Social Security Card, and bank statements; checking account last 6 months and savings account most recent statement
6. If you are employed fill out all the information in this section. If you are not employed mark the fields with an N/A.
7. We need a landlord reference (present/most current), agency reference, case worker reference (if you are currently working with a case worker please attach a reference letter with the application), and finally three personal references. The area in which to fill out the personal reference information will be on page 2 of the application. The references can not be relatives and you must have known them for at least three years.
8. Please answer with a yes or a no.

Make sure you also fill out the **consent for release of information or records (page 3).**

Before turning in the application look over all of the information to verify it is correct. There will be a total of 3 pages (not including proof of income and or case worker reference letters) that you will have to have filled out before turning the application in.

You will have to turn in the application at the SBCHC office located at 11 E. Haley St. Santa Barbara, CA 93101 to the front desk staff. ***We will not be responsible if you turn in an application to someone else and it gets misplaced or lost.*** Getting a date stamped copy, showing when and to whom the app was submitted, is advisable!

Check in on a regular basis to see the status of your application. If any information changes please call or come in to make the changes. If we try to contact you and your number is disconnected and or you do not check in on your application for over a year you will be removed from the waiting list.

FAULDING HOTEL - APPLICATION FORM

1. Last Name_____ First Name _____ Middle Initial _____

2. Soc. Sec. # _____ Date of Birth: _____ Picture I.D. # _____

3. Present Address: _____
   (Has to be the most current physical address you have lived at, NO P.O. Box addresses)

4. Contact Phone #: _____ Secondary Phone #: _____
   Rooms are currently $590- $660 per month (subject to change without notice)

5. Source of Income: Employment_____   Monthly $_____
                         Soc. Security_____   Monthly $_____
                         General Relief_____   Monthly $_____
                         Other_____   Monthly $_____
                         Section 8_____(Y or N)

6. Employer's Name: _____ Supervisor's Name: _____

   Address: _____ Phone Number: _____

   Job Title: _____ Time Employed: _____

7. Landlord Reference: _____ Phone Number: _____

   Agency Reference: _____ Phone Number: _____

   Case worker Reference: _____ Phone Number: _____

   (Please see page 2 to fill out personal reference information, references may not be related to you.)

8. **a**. Do you have any medical or physical condition, which could affect your ability to quickly evacuate

   the hotel in case of an emergency? (Y/N) If so explain: _____

   b. You understand that no troubled drinking or illegal drug activity will be tolerated in the hotel for

   any reason? (Y/N): _____

I/We certify under penalty of perjury under the laws of California that the above information including disclosure of all income is correct.

Signature: _____ Date: _____

To: Faulding Hotel Applicants,

If you do not update your application, contact information or stop checking in for more than one year you will be removed from the waiting list. We recommend you check on your application on a regular basis.

☆ **THE APPLICATION MUST BE TURNED IN AT THE SBCHC OFFICE LOCATED AT 11 E. HALEY ST.** ☆
YOU MUST TURN IT IN TO FRONT DESK STAFF, IF YOU TURN IT IN TO ANYONE ELSE THE APPLICATIONMAY BE LOST. WE WILL NOT BE RESPONSIBLE FOR ANY LOST APPLICATIONS IF TURNED IN TO ANYONE ELSE.

FAULDING HOTEL - APPLICATION FORM

References For: _____ **Room #:** _____

Reference #1

Name: _____ Date Called: _____

Phone Number: _____ Relation: _____

Comments (to be filled out by agent): _____
_____
_____
_____
_____
_____

Reference #2

Name: _____ Date Called: _____

Phone Number: _____ Relation: _____

Comments (to be filled out by agent): _____
_____
_____
_____
_____
_____

Reference #3

Name: _____ Date Called: _____

Phone Number: _____ Relation: _____

Comments (to be filled out by agent): _____
_____
_____
_____
_____
_____

I hereby grant my permission for this information to be released:
Signature:_____ Date: _____

Signature of Caller/Leasing Agent: _____

Date and Time Called: _____

FAULDING HOTEL

CONSENT FOR RELEASE OF INFORMATION OR RECORDS

Applicant's Name: _____ DOB: _____

This release authorizes The Faulding Hotel Staff to release personal information in my file and receive information from the following agencies:

Client's Initial   Date

_____   _____   **Santa Barbara County Alcohol, Drug and Mental Health Services**

_____   _____   **Santa Barbara County Health Care Services**

_____   _____   **Santa Barbara County Department of Social Services/ General Relief**

_____   _____   **SBCHC, including tenant file**

_____   _____   **Project Recovery**

_____   _____   **Phoenix / Mainstream Services**

_____   _____   **New Beginnings Counseling Center**

_____   _____   **Veterans Administration**

_____   _____   **Santa Barbara City Housing Authority**

_____   _____   **Santa Barbara County Housing Authority**

_____   _____   **Social Security Administration**

_____   _____   **Other_____**

_____   _____   **Other_____**

This information will be used for program admissions process, treatment and implementation, care coordination with other agencies, and discharge planning. This consent allows discussion and / or copies of ongoing treatment between the agencies initialed above, both during the application process to the Faulding Hotel, and for the duration of a client's residency at the Hotel. This release remains valid until termination of treatment, or revocation or expiration of consent. The resident may revoke this release at any time by written request. This release expires on _____.

Applicant's Signature_____ Date_____

Witness Signature_____ Date_____