



INTAKE PROCESS AND APPLICATION

2021

All applicants must complete every question on application. **Leaving questions blank may result in denial.**

All applicants must have a source of income.

All applications will complete an in-person interview if application is selected

You must provide the following **with application**

- Completed release of information
- Completed application
- Provide copy ID
- Proof of income
- Email to: info@bimaservices.org or fax 253-302-3492
- Contact 206-393-2273 with any questions

IF SELECTED

- You will need \$350.00 one-time non-refundable processing fee
- Offer single and shared rooms
- Complete Release of information for background check
- Pay 25.00 Background check

BIMA Services offers shared living housing to men and women 25 years and older that need a place of restoration to address a broad range of needs. The program helps individuals to believe in themselves again to achieve and sustain a higher quality of life

Consent Authorization for Release of Information

I, (client name) _____ authorize _____ to release information of me to **BIMA Services**

The Last Four of Social Security#: _____ DOB _____

Why is the record or information being released?

In case of emergency Services/Housing Coordination of care Other _____

I authorize the records/information to be given in the following ways:

Written/Photocopy/Paper Electronic Format Fax Electronic Mail * Verbal

What information or part of my record may be given or discussed in case of emergency?

- Incident related to emergency Laboratory Reports Police report
- Medical information related to emergency Medications Health records
- Housing information Records from other facilities Progress Note
- Consultation Reports Criminal history
- Other (Specify): _____

I give specific authorization to give the following information:

- Criminal History Psychosocial information or assessment
- Drug and alcohol abuse treatment records/information Psychiatric/Mental Health treatment records/information
- Housing information.

I understand that I may withdraw or revoke my permission at any time. If I withdraw my permission, my information may no longer be used or released for the reasons covered by this authorization. However, any disclosures already made with my permission are unable to be taken back. I may revoke this authorization by notifying Concerto Medical Center in writing.

I understand that my records may contain information regarding mental health, diagnosis and treatment, drug and alcohol abuse which is protected (per 42CFR, Part 2), the testing diagnosis, or treatment of HIV/AIDS and or sexually transmitted diseases (Per RCW 70.24.105). I give specific authorization for these protected records to be released Unless revoked earlier, this authorization expires in one year unless I specify another time: _____

I release BIMA named in this authorization from legal responsibility or liability for the release of the health record as authorized on this form. I understand that this authorization is voluntary and that I may refuse to sign it. I will be provided a copy of this signed authorization, if requested. A photocopy of this authorization is as valid as the original.

X _____
Signature of Patient (or Patient Representative)

Date

Printed Name of Patient or Patient Representative

Authority of Representative to Act for Patient
(Relationship to Patient)

* Need to ensure separate E-mail Authorization Agreement is signed.
Note: Release of Psychotherapy notes requires a separate authorization.

Consent Authorization for Criminal Background check

I, _____ give **BIMA Services** permission to complete a criminal background check for the purpose of housing.

Please Print Full Legal Name _____ Social Security#: _____ DOB _____

Why is the record or information being released? Criminal Background check

I authorize the search for this information to be given in the following ways:

Written/Photocopy/Paper Electronic Format Fax Electronic Mail * Verbal

What information or part of my record may be given or discussed: Background Check?

I give specific authorization to give the following information:

Housing information

Criminal history

Police report

Other (Specify): _____

I understand that my records may contain information regarding Sex offense (Per RCW 4.24.550, (5)). I give specific authorization for these public records to be released.

I also understand that pursuant to RCW 43.43.838. Will conduct a background check through the Washington State Patrol for the purpose of perspective residents for housing. The background check is for initial housing decision.

I understand that this authorization is voluntary and that I may refuse to sign it. I will be provided a copy of this signed authorization, if requested. A photocopy of this authorization is as valid as the original.

X _____
Signature of Patient (or Patient Representative)

Date

INITIAL SCREENING APPLICATION FOR SERVICES

Applications will expire after 60 days. If eligible, applicants will need to go through our interview process as well as be approved for shared housing. Receiving this screening packet does not guarantee that you will be housed in our program. Applicants are encouraged to continue their search housing.

Date Received by BIMA: _____
(agency use only)

Approved Denied Date _____

Demographic Information

Applicant Name _____ Male Female
 Married/Separated Single Divorced
 Widowed Long term partner

Are you currently Pregnant?

If Pregnant, how many months are you pregnant? _____

When is your expected due date? _____

If you are not pregnant and have 1 child how old is your child? _____ (ACCEPTED AGE) newborn - 6 months old

Social Security #: _____ DOB (mm/dd/yyyy) _____ Age _____

Ethnicity/ Race: (As self-reported) _____

Current/Mailing Address:

Contact Telephone: (____) _____ May we leave messages at this number? Y N

Alternate Telephone (____) _____ May we leave messages at this number? Y N

Email Address:

Is applicant currently receiving case management services and/or other assistance such as

N/A N Y If yes, check all that apply

Mental Health Services, Drug Treatment, Other: _____

If Yes, are you willing to sign a release of information? Y N

Please describe some of the goals you have obtained in the past year

What are some future goals you would like to accomplish?

What areas do you feel you could use additional support in?

Please add anything else you feel we should know that would be beneficial in supporting you.

1A Does applicant have a history of Domestic Violence? Y N If no, move to question 3

1B Is there a protection order against you? Type of Protection Order: Permanent Temporary
Expiration date: _____

2. If fleeing from domestic violence, is there a Protection Order in effect? N/A Y N

3. Does applicant have a recent history (last 2 years) of alcohol or chemical abuse/addiction? Y N
if no, move to section A.

4. If yes, has applicant-maintained sobriety for at least six months Y N

Applicant last date of use _____ Drug of choice _____

5. Has applicant ever completed treatment? N/A Inpatient: Y N Out Patient Y N
Treatment completion date _____

6. Are you currently in treatment Y N If yes, where _____

Does the applicant actively participating in a support group Y N If no, please explain?

A. Rental History Answering yes in this section will not necessarily disqualify you.

Last Permanent address: _____

City _____ County _____ State _____ Zip _____

How long ago did you live at this address _____?

How long have you been homeless _____?

Briefly described the events that caused you to be homeless _____

Does the applicant owe money to a housing authority? Yes No Amount: _____

Does the applicant owe money to a landlord? Yes No Amount: _____

Has the applicant ever been evicted? Yes No If Yes how when _____

B. Financial, Employment History, Education

1. Are you currently employed? Yes No If **yes**, Name of employer: _____

how long? _____ Monthly Income gross: \$ _____ full-time part-time seasonal temporary

IF no, move to #2

2. Other Source(s) of income: SSI, SSD, SSA, Child support _____ Monthly Amount: \$ _____

3A. Do you participate in a voucher program? Name _____ Expiration date: _____

3B. Case worker name and number _____

Does applicant have bank account yes no

Does applicant have a payee Yes No If Yes, name of Payee Service _____

B. EMPLOYMENT

Does applicant have previous job skills? Yes No If **yes**, please list previous skills.

Length of good work history: _____

No work history

C. EDUCATION

What is the highest level of education completed? _____

Are you currently enrolled in school Y N If yes?

Name of School: _____ Program enrolled in: _____ full-time part-time

Vocational Technical College courses GED ESL ABE HS-21

D. Legal History

- Applicant must not distort any of the truth when completing the application. **Criminal history does not necessarily disqualify you from BIMA however, recent felonies (within 6 months) will be considered on case by case basis.**

If currently incarcerated, how long have you been incarcerated? _____

1. According to RCW 4.24.550

Sex offenders and kidnapping offenders—Release of information to public—Web site. Are you subject to register as a sex offender in any State? Yes No

2. List and explain ALL other conviction in the last 7 years

(answering yes to question #2 in this section will not necessarily disqualify you) most felony convictions accepted.)

Felony Misdemeanor

Conviction: _____

Date of conviction/s: _____

Felony Misdemeanor

Conviction: _____

Date of conviction/s: _____

Felony Misdemeanor

Conviction: _____

Date of conviction/s: _____

If Currently in Prison: Name of Prison _____

How long have you been incarcerated? _____ **Release date** _____

If released from prison in the last 12 months: What was your date of release _____

If in work release: What is your date of release _____ will you be on DOC? Y N

Are you on DOC currently? DOC office name _____ Phone _____

E. Use Attachment Checklist below Items must be returned with application.

- Photo ID/ Driver's License (for each household member over the age of 16)
- Social Security Cards or print outs from SSA
- Last two (2) months' Income Verification which should include, pay stubs or other income award letters (i.e. SSI)
- BIMA General release of information (for background check)
- BIMA General release of information from referring agency

Please attach all requested materials before submitting the screening packet. If there are incomplete portions of the application or missing attachments, your application will not be accepted.

By signing this document, you acknowledge that the information you have provided is true and complete to the best of your knowledge.

Applicant Signature: _____ Date: _____

Please return the completed packet to: Housing@bimaservices.org in subject line type application

FAX 243-203-3492 Or

Mail to: PO Box 98183, Lakewood, WA 98496