

NPCC Transitional Housing Program—Phase I
12 Concord St., Nashua 595-5494

Purpose: To provide support and direction to single women with children motivated to make significant lifestyle changes. Education, parenting skills and assisted housing will be put in place for up to twenty-four months while women learn the skills they need to be effective, responsible parents and self-supporting, contributing members of our community.

Guidelines: All women must meet the following criteria to be considered entry into the Transitional Housing Program, although, staff determines eligibility for program participation:

- Clients are to be between the ages of 18 and 35 years of age
- Pregnant women or women with no more than 3 children
- The age limits for children are ages 0-10 years old
- Women must have the ability to attend a school program on a regular basis

Process: To be considered for admission into the program, prospective clients must undergo interview and screening process with both the Case Manager and the Program Director, and prove a high level of motivation to effect permanent change by initially complying to the following:

- Following through on assigned tasks during the screening process
- Keeping all appointments in a timely manner with NPCC staff
- Compiling information on education—a two year plan, course work and financial aid
- Having child care available
- Demonstrating the ability to live independently
- Willingness to abide by ALL program rules
- Treat all staff and clients of NPCC with courtesy and respect

Program Rules: Clients entering our program are expected to abide by the rules and regulations set out for all participants. There are no exceptions.

- Must be enrolled in a school program, GED's must be full time until finished
- All guests must leave the premises no later designated curfew.
- Curfew is 7pm Monday, Wednesday, Thursday, and Sunday, Tuesday it is 5:30pm, and Friday and Saturday it is 8pm. Curfews can be negotiated depending on each family's schedule.
- Each client is given the opportunity to stay out over night each Saturday, this is a privilege that must be earned and can be taken away. You must confirm you and your children will have a **safe** place to stay.
- Men/Guests are not permitted on NPCC property without prior approval from staff
- Sexual relations are strongly discouraged while in the program
- Participation is AA and NA when applicable
- On-going mental health therapy
- On-going medication therapy if deemed necessary by therapist
- Must maintain a smoke, alcohol and drug-free room, however smoking is permitted on the designated porch.
- Willingness to actively participate in bi-weekly groups, parenting, house meetings, and any other scheduled event
- Must keep a safe and clean apartment at all times
- Volunteer in the community during school vacations
- Fraud of any kind against NPCC or other financial institution will never be tolerated
- No pets are allowed in the program
- All clients will be placed on a 90-day initial probationary period.

Reasons for exclusion from the program:

- Lack of motivation and commitment in making permanent life changes
- Active substance abuse
- Applicant who is physically or emotionally unable to care for herself or her children
- Limited life management skills
- Felony record associated with violent crime or use of weapons
- Actively applying for long term disability

Reason for expulsion:

- Men staying overnight
- Not attending school
- Not staying in your apartment without staff permission
- Illegal drugs in apartment or alcohol while in recovery
- Violence of any kind, whether by client or guest in apartment
- Destruction of NPCC property
- Inability to keep apartment clean

I have read and understand the rules stated above regarding the Transitional Housing Program.

Name: _____

Date: _____

Witness: _____

Date: _____

If you are interested in the Norwell Home and would like to come for an intake but are unable to attend due to lack of transportation or live out of the area, please print and fill out the application. Be as thorough as possible; the more information we have, the quicker the intake process will be. You must include a phone number where we can reach you and the best time to call. If you have any questions, please contact the Case Manager at (603) 595-5494 X 11. When you are finished please mail all of the information to:

**Case Manager
The Norwell Home
12 Concord Street
Nashua, NH 03064**

**Or fax to:
(603) 821-6054**

Once the information is received you will be contacted by the Case Manager and given further instructions at that time.

NASHUA PASTORAL CARE CENTER, INC.
Transitional Housing Information Form

Date: _____ Social Security#: _____ Date of Birth: _____

Name: _____ Phone #: _____

Present Address: _____ City: _____ State: _____ Length there _____

Previous Address: _____ Length there: _____

Ethnic Background: _____ Medicaid # _____

Next of Kin (i.e. parents): Name: _____ Phone #: _____

Address: _____ City: _____ State: _____

Names and ages of siblings: _____

Describe current living situation: _____

DEMOGRAPHICS: (check one) _____ New Client _____ Repeat Client

MARITAL ___ Single ___ Married ___ Widowed ___ Separated ___ Shared Living

OTHERS LIVING IN YOUR HOUSEHOLD: Are you pregnant? ___ Due Date: _____

Name: _____ Date of Birth: _____ Relationship: _____

SS#: _____ Father: _____ Address: _____

Ethnic Background: _____

Name: _____ Date of Birth: _____ Relationship: _____

SS#: _____ Father: _____ Address: _____

Ethnic Background: _____

Name: _____ Date of Birth: _____ Relationship: _____

SS#: _____ Father: _____ Address: _____

Ethnic Background: _____

Are any of the children listed above who are 2 to 5 years old in daycare? Yes No

Name and Address of provider: _____

Education: High School year _____ GED College: # of Years: _____

List Schools attended: _____

How did you hear about Transitional Housing? _____

Which of the following are/ have been a problem for you in the past (explain):

- | | |
|------------------|-----------------|
| Day Care | Divorce/Marital |
| Education | Legal |
| Employment | Job skills |
| Medical | Self Esteem |
| Parenting Skills | Bills |
| Shelter/Food | Transportation |

Family violence: _____

Did you see a therapist? _____

Drugs or alcohol: _____

Were you in a program? _____

Mental Health—current diagnosis _____

Have you been hospitalized? _____

Current medications _____

Are you currently involved in any self-help/ support group(s)?(AA/NA,PA,Parenting, etc.) Yes No

If yes, which one(s): _____

Are you involved in any counseling, such as Community Council, Rape & Assault, private counseling, etc.?

Therapist _____ Psychiatrist: _____

Address _____

Does your child receive therapy? _____

Are you or have you been involved with DCYF? Yes No Explain _____

Do you have an arrest record? _____ What state? _____

Explain _____

Are you on probation? _____

Have you been involved or are you involved in any legal action as the plaintiff or the defendant

When and with whom: _____

Restraining orders: _____

Child support: _____

Eviction _____

Custody _____

INCOME AND EXPENSES:

INCOME:

Are you currently employed? Yes No Company Name? _____

Address: _____

Length of time _____ What is your weekly gross pay per month? \$ _____

Do you get Public Assistance? Yes No

TANF _____ Date Started _____ Monthly Amount \$ _____

Food Stamps _____ Date Started _____ Monthly Amount \$ _____

Title XX _____ Date Started _____ Monthly Amount \$ _____

City Welfare _____ Date Started _____ Monthly Amount \$ _____

SSI _____ Date Started _____ Monthly Amount \$ _____

Unemployment _____ Date Started _____ Monthly Amount \$ _____

Other _____ Date Started _____ Monthly Amount \$ _____

Have you received emergency assistance from Division of Human Services, State Welfare, in the past year?

Yes No If yes, when, for what and how much? _____

Do you receive child support? Yes No Independently _____ State ordered _____

List the fathers name and amounts for each child:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL MONTHLY INCOME: _____

EXPENSES:

Monthly Rent \$ _____ Is your rent paid up to date? Yes No

Landlord's Name: _____ Phone #: _____

Name on the lease: _____ Do you have to move? Yes No

Utilities: Fuel: \$ _____ Electricity: \$ _____ Phone: \$ _____ Cable: \$ _____

What names are these utilities listed under? _____

Are you under eviction? _____ Have you ever been evicted? _____

Explain the Circumstances? _____

Previous Landlords: Name: _____ Phone#: _____

Name: _____ Phone#: _____

Current Debt: PSNH _____ ENGI _____ Cable _____ Telephone _____ Other _____

Car Loan _____ Credit Card _____ Student Loans _____ Hospital Bills _____

Are any of your past or current bills listed under your child's name? _____

EDUCATION

Are you currently enrolled in an educational program? Yes No

If yes, where, and what program? _____

What are your specific education/career goals? _____

What does this transitional housing program mean to you, and what do you hope to accomplish in this program? _____

Please list three references:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

ASSESSMENT FOR PREVIOUS
CRIMINAL RECORDS, ALCOHOL OR DRUG ADDICTION
AND MENTAL HEALTH ISSUES

1. Have you ever been admitted for detox? _____ Where? _____

From which drug? _____ Will you provide a copy of the discharge

Summary? _____ What is your drug of choice? _____

2. Briefly describe the history of your involvement in AA or any of the other 12- STEP Programs.

List the names, addresses and dates of your attendance at a treatment facility. _____

3. Do you have a criminal record? Felony or Misdemeanor? Briefly describe charges. _____

4. How many times have you been arrested? _____ Imprisoned? _____

On probation? _____ Are you presently on probation? _____

With which court/state/county? _____

For what offense/s? _____

5. Do you have any medical health issues? _____ Would they impede your ability to work or attend school? _____

List your current medications _____

When did you last see a doctor for a check-up? _____

Who did you see? _____ Where? _____

6. Briefly describe your psychiatric history _____

7. How many times have you been hospitalized for mental health issues? _____

Where? _____ Do you have a therapist? _____

Psychiatrist? _____

8. Are you willing to continue therapy, attend self-help groups or participate in a rehabilitative program if The Care Center deems it necessary? _____

I understand that it is my responsibility to provide The Care Center with the information listed above through releases, prior to my entry into the program.

Name

Date

Personal Assessment

Participants Name: _____ Date: _____

A. Independently/Dependence:

1. How do you get needs met? (Alone, look to others for need meetings or meets own needs with appropriate use of others help) _____

2. Who helps you with meeting needs? (family, friends, children social services? Under what circumstances do they help you?) _____

3. Are you hesitant to ask for help from others? Why? _____

4. Do you accept responsibility for your actions and accept the consequences? How do you relate to authority figures?)Give an example of past experiences)_____

5. Do you feel you have control over what is happening to you? How much control? _____

6. What contributes to your feeling of control or lack of control? _____

7. Who or what do you feel has the control? _____

B. Participation/ Isolation:

1. How, where and with whom is free time spent? _____

2. Do you spend time alone? _____

3 .Do you like being alone? _____

How much time do you spend alone? _____

4. What does being alone mean to you? _____

5. Are you comfortable with the amount of time you spend with others/ alone? _____

6. Do you have close friends? _____

How long have you been friends with this people? (Are they long-term relationships?) _____

8. Do you feel you have enough time for yourself and your friends? _____

9. How involved were you with past neighbors? _____

10. How comfortable are you in groups? _____

C. Support System:

1. Who do you go to for emotional support? _____

2. When do you go to these people? _____

3. Who can you really talk to? _____

4. What is your relationship with your family? _____

D. Stress Factors:

1. What type of stress have you been under in the past year? _____

2. What type of stress are you under now? _____

3. How does this stress make you feel? _____

4. What do you consider a crisis? _____

5. How do you handle crisis, large or small? _____

6. What steps do you take when dealing with a crisis? _____

E. Parent/ Child Relationships:

1. How do you feel about your children? (tell about each individual child, their role in the family.)

2. How much time do they spend in day care? Baby sitter? With neighbors or friends? _____

3. What are you doing while your children are with someone else? _____

4. What are your ideals about parenting? Tell about someone you think is a good parent, and why?

5. How much time do you spend with your children? _____

6. What do you do with the time you spend with your children? _____

7. How do you discipline your children? _____

8. How were you raised? How is it different or similar to the way you raise your children? _____

9. How do you rate yourself as a parent? What do you feel good about? What do you need help with?

11. How would you like your family life to be different in one year? _____

F. Self-esteem:

1. How do you feel about yourself? _____

2. How do you feel about your physical appearance? _____

3. How do you feel about how smart you are? _____

4. What do you consider to be your best three qualities? _____

5. What events in your life have shaped your view of yourself? _____

6. What area of your life makes you feel good about yourself? _____

7. What area of your life makes you feel badly about yourself? _____

8. What effect do these feelings have on your work, school, relationships and children? _____

9. How do you make decisions? Are you impulsive or do you think things out? _____

10. How has your decision-making style affected your life? _____

G. Education/ Career:

1. Was school a positive experience for you? _____

2. What are your plans for school? (be as specific as possible- dates, major, etc.) _____

3. What kind of job do you want to have and what specific education do you need to obtain that position? _____

H. Financial Staus:

1. Can you support your family on your current income? _____

2. How are your bills prioritized? What gets paid first, what second, etc. _____

3. Where do you find the money/ help you need to pay the bills you can't afford? _____

4. How often do you have to go to these places for help? _____

5. How do your financial problems affect the rest of your life? How much time and energy do you spend thinking about money and bills? _____

6. What assistance are you now receiving? (AFDC, SSI, Food Stamps, amount, Case worker). _____

I.Goals:

1. What are your present goals? (education, job, living conditions, family situation) _____

2. What have you done to reach these goals? _____

3. Where have you gone to get help reaching these goals? _____

4. How do you think Transitional Housing will help? _____

5. What are you willing to do to reach these goals? _____

6. Are you now in, or are you willing to get, individual or group counseling? _____

7. Are you willing to stop associating with people who cause you trouble? _____

Which of the following are now, or have been in the past, problems in your life? Explain briefly.

Alcohol _____

Education _____

Transportation _____

Family Violence _____

Daycare _____

Drugs _____

Job Skills _____

Medical _____

Parenting _____

Mental Health _____

Abuse _____

Shelter _____

Job _____

Food _____

Bills _____

Two-Year School Plan

What is your current educational level (high school, GED, college) and what institutions have you attended?

Do you have a learning disability, what is it? _____

Are you able to get your transcripts? _____

What educational support do you feel you need to be academically successful?

What are your educational goals?

Are you able to forgo working full time to pursue your educational goals full time? _____

If not, why? _____

What steps are you willing to take to reach your goals?

Step 1

Step 2

Step 3

Step 4
