



Program Application

Application Date: _____

At Keyway, we are committed to empowering program participants by providing the tools and resources aimed at reaching their goals, including financial, emotional, and housing security. We understand that women who are involved in the criminal justice system often encounter obstacles that can make a successful return to the community incredibly challenging. Please complete the following application to the best of your ability. If you need assistance, please call 314-771-5207.

Personal Information

Full Name: _____
(First, Middle, Last)

Maiden Name: _____ Alias/Nickname: _____

DOB: _____ Inmate ID # (if applicable): _____

Phone: _____ Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Is this your mailing address? Yes No

If no, please provide your mailing address (post-release if currently incarcerated):

Address: _____

City: _____ State: _____ Zip: _____

Racial Identity (check all that apply):

- Black/African American White/Caucasian Hawaiian/Pacific Islander Asian
- Native American/Alaskan Native Other: _____
- Prefer not to disclose

Ethnicity:

- Hispanic/Latinx Non-Hispanic/Latinx Prefer not to disclose

Gender Identity:

- Woman Transgender Woman Transgender Man Gender Variant/Non-Conforming
- Other: _____

Pronouns:

- She/her/hers He/him/his They/them/their Other: _____

Military Service:

Are you a veteran? Yes No Service Dates? _____

Type of discharge: _____



Program Application

Housing

Are you currently incarcerated? Yes No

If yes, what facility? _____

Do you have an approved home plan? Yes No

Please describe your home plan, if applicable:

If not currently incarcerated, answer the questions in this section:

Current residence is: (type of residence)

- Owned Home/Mortgage Rental Homeless
 Transitional/Recovery Housing Temporary Shelter

Current household makeup (check all that apply): (who lives in your household)

- With a Friend/Non-Family Member With a Relative With Spouse or Partner
 Live alone Other _____

Is your current housing situation stable? Yes No

Do you feel unsafe in your current home? Yes No

Is there violence or substance use in your home? Yes No

Are you at risk of losing your current housing? Yes No

Please explain any yes responses:

All Applicants, answer the following questions:

Zip code of last permanent address: _____

Have you ever been evicted? Yes No

Do you have any outstanding utility bills? Yes No

Do you have a pending eviction? Yes No

Please explain any yes responses:



Program Application

Justice Involvement

Most recent justice involvement: current within 6 months within 1 year
 over 1 year ago never

Have you ever been to jail? Yes No

Have you ever been to prison? Yes No

If previously or currently incarcerated:

Intake date of most recent incarceration: _____ Release date: _____

Location of most recent incarceration: _____

Do you have any pending legal issues or active warrants? Yes No

List Current/Pending charge(s):

Date of Charge

_____	_____
_____	_____
_____	_____
_____	_____

List Previous charge(s):

Date of Charge

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your current legal status? (Check all that apply)

- On State Probation/Parole Mental Health Court Domestic Violence Court
- Drug Court Pre-Trial Diversion Incarcerated
- On Federal Probation On Federal Parole None

Probation/parole officer: _____ Phone: _____

Supervision start date: _____ End Date: _____

Case Worker: _____ Phone: _____

Counselor: _____ Phone: _____

Attorney: _____ Phone: _____



Program Application

Medical/Mental Health Information

Do you have any diagnosed medical conditions? Yes No

Do you have any diagnosed mental health conditions? Yes No

<u>Diagnosis/Condition</u>	<u>Type of Treatments Received</u>	<u>When Received</u>
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current

List all current prescription medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Substance Use

Do you, or have you ever, had a substance use disorder? Yes No

<u>Substance(s) of Choice:</u>	<u>Duration of Use:</u>	<u>Date of Last Use:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disability Benefits

Are you disabled? Yes No

If yes, what is the current status of your disability benefits?

- Have not yet applied Application submitted pending decision Application denied
- Application denied pending appeal Pending reinstatement post-incarceration
- Currently receiving (list amount): \$ _____

Benefits Type: SSI SSDI



Program Application

Employment

Ever employed? Yes No Worked in past year? Yes No Currently employed? Yes No

Are you able to work? Yes No

Income

Sources of Income (check all that apply):

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Social security | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Retirement/survivors pension | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> TANF | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Family/friends | |
| <input type="checkbox"/> Workers' comp | <input type="checkbox"/> Unemployment | <input type="checkbox"/> VA payments | |

Monthly Income Amount: \$ _____

Children

Do you have children? Yes No If yes, are any under age 18? Yes No

Do you have contact with your children? Yes No Is it possible that you are currently pregnant? Yes No

If under 18, who is caring for your children at this time? Me Other Parent Partner
 Relative Friend Children's Division/Foster Care Other: _____

Will your children be living with you during your time in our program? Yes No

Services

What services are you interested in receiving? (check all that apply)

- Transitional Housing (Baker House, Schirmer House)
- Recovery/Sober Living Housing (Sharon House)
- Finding Independent Housing in the community
- Case Management Services
- Vocational/Employment Services
- Skill Building/Life Skills Services
- Behavioral Health Services (counseling/therapy)
- Substance Use/Recovery Support (SMART Recovery/Mindfulness Based Sobriety/Peer Support groups)

How did you hear about Keyway?

- Missouri Probation/Parole Officer Federal Probation Officer STL City Justice Services
 STL County Justice Services Services Provider: _____
 Other: _____



Program Application

Goals

What are the goals you want to work toward? (please list at least 2)

1. _____

2. _____

3. _____

4. _____

What expectations do you have of Keyway? _____

Additional Information

Is there any additional information you would like us to know when reviewing your application?

Response to Application

How would you like to receive your response to your application?

- send to mailing to address listed above email to address listed above
- send to designated individual (provide name and contact information):



Program Application

Disclosure

Some information collected is used for data tracking purposes and will not be considered in determining your eligibility for our programs.

Acknowledgements

By checking the boxes below, you are verifying you have read, understand, and agree to the corresponding section.

- I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Action of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if admitted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the contacts listed within to give you any pertinent information they may have. Keyway is authorized to use this information, and to share this information with other authorized individuals or entities identified within, to the extent necessary to determine program eligibility and/or placement.

- I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., providing treatment, communicating with probation/parole, etc.). This Authorization for the Release of Confidential Information shall become effective on the date of execution of my signature below and shall remain valid for one year from the date signed or six months following discharge from Keyway services, whichever is later.

- I understand that Keyway may not be able to continue to provide me services if I refuse to consent to a disclosure that is critical to Keyway’s ability to provide those services.

Signature: _____

Date: _____

Return Completed Application To:

Applications
Mail: Keyway Center
 7716 S. Broadway
 St. Louis, MO 63111

Email: applications@keywaycenter.org