



# Gateway Homeless Coalition, Inc.

P.O. Box 326 • 695 Flemingsburg Road • Morehead, KY 40351  
 Telephone: 606-784-2668 • Toll Free: 877-627-5754 • Fax: 606-780-7628  
 www.gatewayhouseky.org

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_

Why are you currently homeless? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Referral Source: \_\_\_\_\_

**\*\*\*\*\*PLEASE LIST ALL ADDITIONAL FAMILY MEMBERS THAT NEED SHELTER\*\*\*\*\***

Name	Sex	Relationship to Applicant	Date of Birth	Social Security Number

**(Please answer for everyone applying for shelter)**

Have you ever been a resident of Gateway House? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require special accommodations to climb stairs? \_\_\_\_\_

Has anyone applying for shelter ever been to jail **anywhere** at **any time**? \_\_\_\_\_ Describe: \_\_\_\_\_

Does anyone applying have any pending charges? \_\_\_\_\_

Does anyone applying currently have an Emergency Protective Order (EPO) or Domestic Violence Order (DVO) in place? \_\_\_\_\_

**\*\*\*\*\*PLEASE COMPLETE BACK\*\*\*\*\***

**NON-DISCRIMINATION:** Gateway Homeless Coalition, Inc. (GHC) does not discriminate against any person in the provision of services or in any other manner on the grounds of race, color, ethnicity, creed, religion, sex, national origin, sexual orientation, gender identity, citizenship, marital status, familial status, ancestry, age, disability or veteran status. If you feel like you have been discriminated against by GHC, please contact the Executive Director or the local Title VI Coordinator at 606-784-2668.

**GRIEVANCE PROCEDURE:** If you believe you have been subjected to discrimination as prohibited by the Federal Revenue Sharing Program regulations, Section 504 of the Rehabilitation Act of 1974, Title VI of the Civil Rights Act, and/or the Fair Housing Act you may personally or by representative, file a complaint with the Executive Director of GHC at the GHC office at 695 Flemingsburg Road, Morehead, KY 40351. I (we) certify that I (we) have received a copy of the Grievance Policy and Appeals Procedure for Complaints Relating to Suspected or Alleged Discrimination.

**CONFLICT OF INTEREST:** I (we) certify that I (we) or any member of my family, are not an employee of GHC, not a member of the GHC board of directors, not related to an employee of GHC and not related to a member of the GHC board of directors. If such relationship exists, please notify staff.

**CONFIDENTIALITY/PERMISSION STATEMENT:** By signing below, I (we) hereby state that all of the information on this application is true, correct and complete to the best of my (our) knowledge. I (we) also give GHC the right to check my (our) criminal background information. I hereby agree to assure the confidentiality of other program participants and applicants at GHC. I (we) understand and agree that my application and file may be reviewed by GHC funders, including but not limited to the Kentucky Housing Corporation, Homeless and Housing Coalition of Kentucky, Department of Housing and Urban Development and any other funders who have legitimate interest.

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Staff/Member Signature

<b>COPY OF PHOTO ID:</b>			
	<b>Yes</b>	<b>No</b>	
<b>BATCH NUMBER:</b>			
<b>STAFF MEMBER COMMENTS:</b>			
<b>Staff Member</b>	<b>YES</b>	<b>NO</b>	<b>Comment</b>