



BERWICK AREA TRANSITIONAL SERVICES (B.A.T.S.)

Client Intake & Assistance Application

(Confidential – For Program Eligibility & Funding Compliance Use Only)

PROGRAM STATEMENT

Berwick Area Transitional Services (B.A.T.S.) provides structured, short-term assistance designed to promote housing stability and long-term self-sufficiency. Assistance is not guaranteed and is contingent upon eligibility determination, funding availability, required documentation verification, and participation in applicable program requirements.

SECTION 1: APPLICANT INFORMATION

Date of Application: _____

Primary Applicant

Full Legal Name: _____

Date of Birth: _____

Gender: Male Female Non-Binary Prefer Not to Disclose

SSN (Last 4 digits acceptable if required): _____

Phone: _____

Email: _____

Co-Applicant (If Applicable)

Full Legal Name: _____

Date of Birth: _____

Gender: Male Female Non-Binary Prefer Not to Disclose

SSN (Last 4 digits acceptable if required): _____

Phone: _____

Email: _____

SECTION 2: PROGRAMS REQUESTED

(Check all that apply)

- Rental Assistance
- Housing Placement Assistance
- Utility Assistance (*Heating, Electric, Water, and/or Phone*)
- Food Assistance
- Vehicle Repair Assistance
- Education / GED Support
- Representative Payee Services
- Diversion / Relocation Assistance
- Vital Records Recovery
- SSI/SSDI Application Assistance
- Drug / Alcohol Treatment Referral
- Financial Literacy Course
- Other: _____

SECTION 3: CURRENT LIVING SITUATION

Current Address:

This address is:

- Rental
- Owner-Occupied
- Staying with Family/Friends
- Shelter
- Unsheltered
- Other: _____

Are you currently facing:

- Eviction
- Foreclosure
- Utility Shut-Off
- Homelessness

If eviction, court date: _____

Landlord Name: _____

Landlord Phone: _____

Monthly Rent: \$ _____

Amount Past Due: \$ _____

Is landlord willing to negotiate? Yes No Unknown

(Copy of Eviction Notice Needed)

SECTION 4: HOUSEHOLD COMPOSITION

Number of Adults: _____

Number of Children (Under 18): _____

Name	Date of Birth	Relationship	Gender
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Do you have pets? Yes No

Are any pets certified service animals? Yes No

(If yes, documentation may be requested.)

If yes, type and number: _____

SECTION 5: INCOME INFORMATION

(Documentation required for all sources)

Applicant Monthly Income

Employment: \$ _____
SSI: \$ _____
SSDI: \$ _____
Social Security: \$ _____
Unemployment: \$ _____
Cash Assistance: \$ _____
Child Support: \$ _____
Pension/Retirement: \$ _____
SNAP (Food Stamps): \$ _____
Other: \$ _____

Co-Applicant Monthly Income

Employment: \$ _____
SSI: \$ _____
SSDI: \$ _____
Social Security: \$ _____
Unemployment: \$ _____
Cash Assistance: \$ _____
Child Support: \$ _____
Pension/Retirement: \$ _____
SNAP (Food Stamps): \$ _____
Other: \$ _____

Total Combined Monthly Income: \$ _____

SECTION 6: MONTHLY HOUSEHOLD Combined EXPENSES

Rent/Mortgage: \$ _____
Utilities (Electric/Gas/Water): \$ _____
Phone/Internet: \$ _____
Groceries: \$ _____
Auto Payment: \$ _____
Auto Insurance: \$ _____
Fuel: \$ _____
Medical/Insurance: \$ _____

Child Support/Alimony: \$ _____
Debt Payments: \$ _____
Other: \$ _____

Total Monthly Expenses: \$ _____
Net Income (Income – Expenses):
\$ _____

SECTION 7: EMPLOYMENT VERIFICATION

Applicant

Employer: _____

Position: _____

Full-Time Part-Time

Start Date: _____

Employer Phone: _____

Co-Applicant

Employer: _____

Position: _____

Full-Time Part-Time

Start Date: _____

Employer Phone: _____

(Attach 30 days of paystubs.)

SECTION 8: DEMOGRAPHIC INFORMATION

(Collected for funding compliance and reporting purposes. Optional unless required by funding source.)

Race (Check all that apply):

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Other: _____

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Veteran Status: Yes No

If yes, Branch: _____

Discharge Date: _____

DD214 Provided? Yes No

Active Duty Tours: _____

Disability Status: Yes No

Type (Optional): _____

Are you currently fleeing domestic violence? Yes No

Sexual Orientation (Optional – Asked Due to Certain Funding Requirements):

Heterosexual

Gay/Lesbian

Bisexual

Prefer Not to Disclose

HIV Status (Optional – Asked Due to Certain Funding Requirements):

Positive

Negative

Prefer Not to Disclose

Are you a single parent? Yes No

Health Insurance:

None Medicaid Medicare VA Private

Other: _____

SECTION 9: HOMELESSNESS HISTORY (If Applicable)

Date homelessness began: _____

Where did you stay last night? _____

Where do you plan to stay tonight? _____

Number of homeless episodes in past 3 years: _____

Have you stayed in a shelter before? Yes No

Are you open to rehabilitation and/or workforce programs? Yes No

SECTION 10: BARRIERS TO HOUSING/STABILITY

(Check all that apply)

- Unemployment
- Underemployment
- Criminal Record
- Substance Use
- Mental Health
- Lack of Identification
(Vital Documents: Photo ID, Social Security Card, Birth Certificate, DD214, ETC)
- Credit Issues
- Domestic Violence
- Medical Condition
- Other: _____

SECTION 11: REQUIRED DOCUMENTATION CHECKLIST

- Photo ID (All Adults)
- Social Security Cards (All Household Members)
- Birth Certificates (Minors)
- Income Verification (All Household Members)
- Lease Agreement
- Eviction Notice (If Applicable)
- Utility Shut-Off Notice (If Applicable)
- Release of Information Signed

SECTION 12: RELEASE OF INFORMATION & CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that providing false information may result in denial or termination of assistance.

I authorize B.A.T.S. to verify income, housing status, and other eligibility factors as required by funding sources, and to enter my information into HMIS or other required reporting systems in compliance with HUD and applicable regulations.

I understand that assistance is not guaranteed and is subject to funding availability and program guidelines.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

CONFIDENTIALITY & NON-DISCRIMINATION STATEMENT

B.A.T.S. does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, familial status, age, or veteran status. All client information is maintained in accordance with applicable privacy and confidentiality regulations.