



# 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:

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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): \_\_\_\_\_

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Gender</b>
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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.