

Berwick Area Transitional Services
715 Susquehanna Ave
Berwick, PA 18603
570-520-4172



Application Date: _____

Section 1 – Contact Information

- **Name:** _____
- **Date of Birth:** _____
- **Most Recent Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Section 2 – Personal Information

- **Do you have any disabling or health conditions?** Yes No
 - If yes, please explain: _____
- **Are you a Veteran?** Yes No
 - If yes, Branch & Year Enlisted: _____
- **Gender (check one):**
 Woman Man Transgender Non-Binary Prefer not to answer
- **Race/Ethnicity (check one):**
 American Indian Asian African American Hispanic
 Middle Eastern Caucasian Other: _____
- **Approximate Date You Became Homeless:** _____
- **Where did you stay last night?** _____
- **Request Type:**
 Self Self & Partner Family
- **If family:**
 - Number of people: _____
- **List household members (besides yourself):**
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
- **Employment Status:** Yes No
 - Employer: _____
 - Work Schedule: _____
- **Criminal Record (Felonies):** Yes No
- **Listed on Megan's Law Registry:** Yes No
- **Have you read Guest Rules?** Yes No
- **Do you understand all Code Blue/Drop-In Center rules?** Yes No

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Section 3 – Support & Referral Information

- Referred by: _____
- Emergency Contact:
 - o Name: _____
 - o Phone: _____

For Applicants with Minors (Under 18):

- Print Name: _____
- Parent/Guardian: Yes No
- Signature: _____
- Agency Name: _____
- Agency Phone: _____
- Reason for dropping off a minor:

FOR AGENCY USE ONLY

- HMIS #: _____
- Agency Tracking #: _____
- Criminal Background Check Passed: _____
- Cleared Megan's Law Registry: _____
- Google Search Completed: _____
- Date Reviewed: _____
- Date Interviewed: _____
- Approved: Yes No
 - o If no, reason: _____
- Contacted Applicant: Yes No
 - o Date/Time: _____
- Staff Signature: _____