



EAGLE STAR
HOUSING

154 Cobblestone Court, Suite 310
Victor, NY 14564

www.eaglestarhousing.com

Permanent Supportive Housing Application

Resident Name/s: _____ Referral Date: _____

Resident Phone #: _____ Date of birth: _____

Email: _____ Gender Identity: _____

Marital Status: Never Married Single Divorced Separated Widowed

Current Living Situation: ☐ Shelter ☐ Homeless ☐ At Risk of homelessness ☐ Unstably Housed

Current Address: _____

Social Security #: _____ Medicaid #: _____

Dates of Military Service: _____ Military Discharge Status: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Email: _____

Does the prospective resident have any therapy animals? ☐ Yes ☐ No

~ If yes, does the prospective resident have any documentation for the animal? ☐ Yes ☐ No

Referral Agency: _____ Referred by: _____

Phone #: _____ Email: _____

Eligibility Determination: *Service eligibility includes any person who has served in the Military, is considered homeless or unstably housed and requires assistance with activities of daily living.*

Which category of organization is making the referral?

☐ Shelter ☐ Hospital ☐ SPOA ☐ Continuum of Care
☐ Medical Respite ☐ DSS ☐ Skilled Nursing Facility ☐ Veterans Organization

Are VA services received? ☐ Yes ☐ No – *If no, are they eligible?* ☐ Yes ☐ No

With which home management activities does the person need assistance?

Please describe current situation and what led to the need for assistance?



Medical Doctor Name:

Other Clinical/Medical Provider Name:

Agency: _____

Agency: _____

Phone #: _____

Phone #: _____

Other Clinical/Medical Provider Name:

Other Clinical/Medical Provider Name:

Agency: _____

Agency: _____

Phone #: _____

Phone #: _____

Risks (please check all that apply and note date of occurrence if appropriate - state NA if not applicable):

Engaged in arson (date: _____)

Destruction of property (date: _____)

Sexual offenses toward others (date: _____)

Violent criminal offenses toward others or property (date: _____)

Physical harm to others (date: _____)

Suicide attempt/self-injury (date: _____)

Victim of physical or sexual abuse (date: _____)

Other previous or current legal involvement:

Medical Issues (please check all that apply):

☐

History of falls

☐

Incontinence

☐

Hearing loss

☐

Vision loss

Impaired ability to walk?

☐

Yes

☐

No

~ If yes, the resident uses a (please check all that apply):

☐

Walker

☐

Wheelchair

☐

Transfer Chair

Medical Concerns/Comments/Other Information:



Mental Health Diagnoses (be specific to include Axis 2 Diagnoses): _

Substance Abuse Diagnoses and frequency of use (be specific):

Please complete the following - responses should be 'No Assistance Required' or 'Assistance Needed':

Manage their personal care needs (grooming, hygiene, laundry, cleaning, etc):

Use their own transportation, public transportation, and other community resources:

Respond appropriately to emergency situations (i.e medical, fire):

Follow through with appointments and other responsibilities:

Plan, shop and prepare meals:

Manage their own money:

Please describe the resident's previous:

Independent living experience:

Drug/alcohol treatment history:

Interpersonal skills/supports (including family):

Hospitalizations (causes and dates): _



Does the resident comply with their medication regime?

☐ Yes ☐ No

~Is resident self-medicating? ☐ Yes ☐ No ~ If no, are supports in place to assist ☐ Yes ☐ No

~Filling their own prescriptions? ☐ Yes ☐ No ~ If no, are supports in place to assist ☐ Yes ☐ No

Funding (please check all sources of income recipient currently receives):

SSI - \$ _____ per month

SSD - \$ _____ per month

SSP - \$ _____ per month

DHS - \$ _____ per month

SNAP Benefits - \$ _____ per month

Alimony - \$ _____ per month

Employment - \$ _____ per month

Pension - \$ _____ per month

Trust Fund - \$ _____ per month

Other - \$ _____ per month

Assets (please list all assets):

Debts (please list all debts, including past utilities, child support, credit card debt, etc):

Does the resident have:

~ Medicare? ☐ Yes ☐ No - If yes, Medicare #: _____

~ Medicaid? ☐ Yes ☐ No - If yes, Medicaid #: _____

~ Private Insurance? ☐ Yes ☐ No - If yes, plan and #: _____

~ Representative Payee? ☐ Yes ☐ No - If yes, agency: _____

Required Documents (please **check** all documents in resident possession):

☐ DD-214

☐ Social Security Card

☐ Birth Certificate

☐ Photo Identification

☐ Social Security Award Letter

☐ Bank Statements

☐ Previous Year Tax Returns or 1099

☐ Pay Stubs

☐ Alimony/Child Support Documents

☐ Proof of Assets or Mortgage



**** Please provide the most recent psychosocial evaluation, psychiatric assessment, or needs assessment as indicated and any other assessments that may be helpful. This will expedite the referral process.**

Signature below indicates this potential resident is medically and psychiatrically stabilized, does not need a higher level of care and is considered appropriate for the Veteran Supportive Housing Program. To the best of my knowledge, the potential resident meets the eligibility criteria listed above.

Signature of Referral Agent: _____ **Date:** _____
(required)

Print name and title: _____

Signature of Resident: _____ **Date:** _____
(required)

Print name: _____

Permanent Supportive Housing options are listed below. Please identify which program you are applying for. If you have flexibility in options, please identify them in order of preference:

____ Liberty Square ____ 270 on East ____ Huntington Apartments ____ 200 Court Street ____ Center City Courtyard

Completed referrals for all permanent supportive housing programs can be sent to:
Apartments@eaglestarhousing.com

Once the referral is sent you will hear from an Eagle Star Housing staff within 5 business days to discuss the referral and coordinate with you. This is a three step process starting with the referral. Step two consists of an Eagle Star Housing intake/acceptance and step three includes approval and certification by the property manager.

If you have specific questions about individual programs that cannot be answered by email please call:

270 on East, Rochester : 585-704-3067
Huntington Apartments, Seneca Falls: 585-667-1070
Liberty Square Apartments, Batavia: 585-815-3498
Center City, Rochester, and 200 Court Street, Binghamton: 585-667-1284



ESSHI HOMELESS VERIFICATION FORM

Verification of status indicated above must be attached.

☒	Homeless Status
	The individual being referred is an un-domiciled person who is unable to secure permanent and stable housing without special assistance. (This includes those who are inappropriately housed in an institutional facility and can safely live in the community, and those who are at risk of homelessness.)
	The individual being referred is an adult or young adult reentering the community from incarceration or juvenile justice placement, who was released or discharged, and who is without permanent and stable housing.
	The individual being referred is a survivor of domestic violence in need of secure and stable housing.

Comments:

Referral Source Contact Information

Name _____

Agency _____

Email _____

Phone _____

I verify, to the best of my knowledge, that the above information and all additional verification documents submitted are true and accurate.

Signature of Referral Agent/Advocate

Date

Signature of Prospective Tenant

Date

Supporting Documentation

The following documentation is required for the property management company to certify acceptance. The more of these documents that are provided with the referral form, the faster the process will go.

- Photo ID- Government issued
- Social Security Card
- Birth Certificate
- DD214- If applicable
- Current bank statement- checking and savings (needed during leasing process)
- If employed- most recent, consecutive 6 weeks of paystubs
- Current Social Security award letter SS/SSI/SSP (dated within 120 days)
- Current VA Disability award letter (dated within 120 days)
- Current Disability or workers compensation letter
- Current Pension letter
- Public Assistance budget
- Divorce agreement
- Child support disbursement print out
- Previous year tax return (1040 and w/2) or 1099 for Social Security

*Additional documents may be needed from the leasing agent during the leasing process