Dottie's House is a two -year transitional housing program for women survivors of domestic violence and their children.

A candidate's acceptance into the program is based on a number of factors including, but not limited to, their willingness and ability to complete the program, their need for safe housing and their desire to be self-sufficient. While each candidate is looked at on an individual basis, they must meet the enclosed outlined selection criteria.

The decision for acceptance into Dottie's House is a collaborative effort. Once a referral is made to Dottie's House, the application is reviewed to make a preliminary determination as to eligibility of the applicant if the selection criteria are met. If it is met, an initial interview with the Director and staff will take place. A second interview may follow to determine acceptance. The referral source's assessment of the client's ability to succeed in the program is an important part of the decision making process.

Enclosed please find our program description, selection criteria and referral forms.

For further information, please feel free to contact us at 732-262-2009.

Sincerely,
The Staff of Dottie's House

732-262-2009 (Telephone) ~ 1-732-377-7901 (Fax)

SELECTION CRITERIA FOR THE TRANSITIONAL HOUSING PROGRAM

Candidates must meet the following criteria:

- Be homeless.
- The survivor of domestic violence must have left her abuser or is unable to leave the abuse without the support of the Transitional Housing Program.
- Be eighteen years or older.
- Have primary residential custody of any children who would be living at Dottie's House.
- Demonstrate a desire to be self-sufficient (independent from abuser).
- Be alcohol and drug free for a minimum of one year.
- Willing to conform to the rules and regulations outlined in the Program Manual.
- Willing to sign all necessary documents.
- Able to participate in all capacities during residency.
- Able to work full-time.
- Considered low-income, on TANF and/or be unable to provide adequate housing and support for herself and her children.
- Comply with a background check.
- Have own transportation or can arrange for transportation if needed.

We will begin the interview process with applicants who meet the criteria for the program in accordance with our policy manual.

Dottie's House
732-262-2009
1-732-377-7901 (Fax)
Pre-screening Questionnaire for Referrals
****To be completed by referring agency****

Name of Client: ______________________ Date: ______________

How long has the client been affiliated with your agency? ______________________

Prior address of the client (please specify with abuser/family/friends/other program, etc):

____

Is there any substance abuse history? No _____ Yes _____
If yes, please explain:

____

____

Is there any significant mental health history and/or hospitalizations? No ______ Yes _______
If yes, please explain:

____

____

Is the client receiving and/or applied for Social Services, TANF, Child support and/or other programs? No ______ Yes _______ If yes, please list:

____

____

____

____

Is the client willing and able to work full time? No _______ Yes _______

What do you feel the client's chances are of succeeding in a 2-year transitional housing program? (Based on a desire for self-sufficiency, commitment to being independent from abuser, ability to work, etc). Circle one:

Not at all confident 1 2 3 4 5 Confident

****** Please provide a detailed letter recommending the client for admission into Dottie's House and its affiliated program services. Indicate her readiness to participate in the Dottie's House program. This letter should be on agency letterhead and signed by the referring counselor.**

_________________________________ _______________
Counselor/Social Worker Signature & Title Date

Dottie's House Referral Information Sheet
****To be completed by referring agency****

Previous contact with this and /or referring agency? No____ Yes____

Advocate's name & title: ______________________________ Agency: ________________________

Advocate's phone number: _______________ Advocate's email address: ______________________

Is it safe to call survivor at home? No_____ Yes_____ Leave messages? No__ Yes___

Survivor Information

Age: _____ Marital Status: M ___ S ___ SEP ___ D ___ W ___ Years: _____

Children:
Age _____ Sex _____
Age _____ Sex _____
Age _____ Sex _____
Age _____ Sex _____

Level of education: GED _______ HS _____ College ________ Other ____________________

Currently Employed: No ___ Yes ___ Where? ____

Current income: None___ TANF___ Work___ Unemployment___ Monthly income: $_______

Does client have a current RO? No ___ Yes ___ Past RO's? No ___ Yes ___ Dates: ________

Description of current situation: ____

____

____

____

____

Staff Signature: __________________________ Title: __________________ Date: ____________

DOTTIE'S HOUSE

CLIENT HISTORY/SELF REPORT

Who referred you to Dottie's House? ____
Today's date: ______________ Name: ____
Age: _______ Date of birth: _____________ Social Security #: ____________________
Address:____
Street Town State Zip
Safe email address: ____
Home Phone: ____________________Work: ________________Cell: ______________
Is it safe to call you at home? _____Work? _____At which number(s) can we leave a voicemail?
____
If none of the above, how can we contact you? ____________________________________
Emergency contact: _________________________ Phone: __________________________
Address: ____Relationship: _______

Your ethnicity (please circle):

A. American Indian/Alaska
B. Asian Pacific
C. Black (non-Hispanic)
D. Hispanic
E. White (non-Hispanic)
F. Bi-Racial
G. Other

Last grade completed: ____________ Other training or college: ____________________

Are you employed? _________ If so, where? ________________________________
Full-time: _____ Part-time: _____ Income per month (include TANF, unemployment, consistent child support, and other social services): $______________Savings: $____________
Medicaid Number (if applicable): ____
Other Insurance Information: ____

Do you have your own transportation? ___________________________________

Marital Status: __________________ Number of years together: __________________

Is this your first marriage? ________________________ Number of husbands: __________

Husband or partner's name: ____

Their employer:_____________________________ Income per month: $______________

Description of Abuser:
Name: ______________________________
Relationship: ______________________
Address: ___________________________
Phone #: ___________________________
DOB: ______________________________
Age: ______________________________
Car make and model: ________________
License Plate #: ____________________
Race: _____________________________
Level of Education: _________________
Height: ____________________________
Weight: ____________________________
Hair: ______________________________
Eye Color: __________________________

Any distinguishing features such as tattoos, beard, mustache, scars, please describe:

____

History of mental Illness? Yes ______ No ________
Describe: ____
History of Substance Abuse? Yes _____ No ______
Describe: ____
Does he have a criminal record? Yes _____ No _____
Describe: ____
Is he the father of your children? Yes _____ No _____
Is he the only person you have been seeing? Yes _______ No _______

Additional comments:

____

____

Do you have any legal involvement? No ______ Yes ______ If yes, please explain:

____

____

____

Have you or your family members ever been in counseling/therapy? No ______ Yes ______
If yes, please explain:

____

____

____

Have you or your family members ever been hospitalized for psychiatric reasons?
No _____ Yes ______ If yes, please explain.

____

____

____

Have you ever been sexually assaulted or molested? Yes_____ No _____
If yes, when? ____________________________By whom? ______________________________
Have you ever addressed this with a counselor? Yes _____ No _____ When? ______________

Note the type(s) of abuse: Physical____
Emotional ____
Sexual ____
How often? ____________________Were drugs or alcohol involved? __________________

Have your children ever been abused? Yes _____ No _______
Physically _____ Emotionally _____ Sexually _____
How often? ______________________________ Were drugs or alcohol involved? ___________

Has your abuser ever threatened to kidnap the children? ____________________________
Has your abuser ever threatened to kill you? ____________________________________
Has your abuser ever stalked you? ____
Does your abuser own weapons? ____
Do you own any pets? Yes _____ No _____
Has your partner ever abused them? ___________________ How? ___________________
Have the police ever been called? ____
Have you ever had a restraining order? Yes _______ No _______ Current? _____________
Have charges ever been pressed? Yes ________ No _________ Against whom? ___________
Is your abuser currently threatening you? _______________________________________

Were your parents married? _______ If yes, for how long? ____________________________
Was there abuse in their home? ____

Please list your brothers and sisters:

Age	Sex	Marital Status	Describe your relationship with them	Substance Abuse?

Have you ever had any serious injury or illness? Yes _____ No _____

Please describe: ____

Do you have any other medical problems? Yes _____ No _____
Please describe: ____

Please list all medications you are currently taking (include name, dosage and what they are prescribed for and by whom):

____
____
____

Do you or have you used alcohol while taking this or any medications? Yes _____No _________

Have you ever seen a new doctor because an old doctor would not refill a prescription?
Yes _____ No _____ If yes, please explain:

____

____

____

Do you use alcohol at all? Yes _____ No _____ How often? ________________________

What kind of alcohol do you like to drink? ________________________________

Do you ever drink to get drunk? Yes _____ No _____ How often? ____________________

Do you ever drink alone? Yes _____ No _____ How often? _________________________

Do you ever have trouble remembering things when you drink? Yes ___________ No _________

Do you think drugs or alcohol are a problem for you? Yes _______ No _____

Are you aware of any other addictions (food, gambling, etc.)? Yes _____________ No _________

Are you currently in a recovery program? Yes ____ No ____ Which one? ________________

Please circle all areas of concern to you:

Physical Abuse	Emotional Abuse	Sexual Abuse	Sexuality
Sexual Assault	Incest	Self-Esteem	Relationships
Separation/Divorce	Parenting	Behavior of Children	
Finances	Legal issues	Gambling	Anxiety
Depression	Self-Harm	Anger	Pregnancy/Abortion
Suicidal Thoughts	Homicidal Thoughts	Grief/Loss	

Physical Abuse of Children   Emotional Abuse of Children   Sexual Abuse of Children

Client's Personal Statement

Please include a personal essay stating why you think you need the program at Dottie's House. Please include your goals for the 2 years. Use a separate sheet if necessary.

CHILDREN'S HISTORY

Complete a Separate Form for Each Child

Child's Name: ______________________________ Age: __________
DOB: __________ Social Security #: ______________________________
Do you have custody of your child? No _____ Yes _____
If no, in who's care is he/she and why:
____
____

Biological father's name: ______________________________
Is he living? Yes _____ No _____ If yes, where? ______________________________
If deceased, cause of death: ______________________________
Does father have contact with children? Yes _________ No _________
If yes, how often? ______________________________
Does he have visitation rights? Yes _________ No _________ How often? ______________
Does he provide child support? Yes _________ No _________ How much? ______________

Child's physician's name & address: ______________________________

Is child taking any medication? Yes _____ No _____
If yes, what? ______________________________
For what reason: ______________________________
Does child have allergies? Yes _____ No _____ If yes, to what: ______________________________
Has child received all childhood immunizations?
DTP _____ MMR _____ TB _____ Other _____ Booster _____ HepB _____
Has child ever been hospitalized? Yes _____ No _____ If yes, for what and when?
____

Has child ever had any surgery? Yes _____ No _____ If yes, for what and when?
____

Has child ever had any broken bones? Yes _____ No _____ If yes, which ones & when?
____

Was this caused by domestic violence? Yes _____ No _____ By whom? ______________________________

Is your child in day care? Yes _____ No _____ Is your child in school? Yes _________ No _________
If yes, where? ______________________________
How is child's performance in school/daycare? ______________________________
Have you noticed any changes in the child? ______________________________
____

Was your child ever abused physically or emotionally? Yes _____ No _____
By whom: ______________________________
Do you have or have you ever had an open DYFS case? Yes _____ No _____
Case # ______________________________ Worker: ______________________________

Has child ever witnessed DV in your home? Yes _____ No _____ Reaction: ______________________________
Has your child ever expressed concern or asked questions? Yes _____ No _____

FAMILY DATA:

Parent's Names:	D.O.B./Still Living?	Residence:

Are they your biological parents?
Have either of your parents experienced any significant medical problems, drug/alcohol abuse, or mental illness? Yes _____ No ______
If yes, please describe: ____

Describe each of your parents:
Mother:

Father:

Describe their relationship:

Are there any other family members who are important to you (i.e. step or extended family)?

Has your family ever been involved with a social service agency? Yes _____ No ______
If yes, please explain: ____

____

Describe your current relationship with your siblings:

____

____

Problems of significance within your family of origin:
A. Substance Abuse:

B. Mental Illness/Psychiatric History:

C. Criminal History:

What was it like growing up in your household?

EDUCATION

School Attended	Name of School	Years Attended	Type of Training/ Degree
High School			
Vocational Training			
College			

HOUSING HISTORY

Begin with your most recent address.

a) Lived with:
Address:
Rent per month:
Move in Date:
Move out Date:
Reason for leaving:

b) Lived with:
Address:
Rent per month:
Move in Date:
Move out Date:
Reason for leaving:

c) Lived with:
Address:
Rent per month:
Move in Date:
Move out Date:
Reason for leaving:

d) Lived with:
Address:
Rent per month:
Move in Date:
Move out Date:
Reason for leaving:

MEDICAL HISTORY

1. Physician's name and address:

2. When was the last time you saw your doctor?

3. Other than childbirth, have you ever been hospitalized, had major surgeries or have ongoing health problems? Please explain:

4. Have you ever been in therapy for any reason? Please specify:

5. Have you ever been hospitalized for psychiatric reasons? Please specify:

6. Have you ever been in treatment for a drug or alcohol problem? Please specify:

LEGAL ISSUES

1. Do you now or have you ever had any charges pressed against you? Please specify:

2. Have you ever been incarcerated? If so, please specify reason and length of time.

3. Have you ever or are you currently on probation or parole? Please explain and include, where applicable, the probation officer's name, agency and telephone number.

4. Please describe any conditions of your probation or parole (including fines, charges, expiration, and community service).

5. Are you currently involved in or expect to be involved in any court or legal matter? If yes, please explain, including any outstanding charges, warrants, or bonds.

6. What are your approximate debts?

Bankruptcy:
Credit Cards:
Student Loans:
Utilities:
Lawsuits/Fines/Judgments:
Other:

EMPLOYMENT:

Are you currently employed?
If yes, employer information:
What is your approximate annual income?
How many hours per week do you work?
Do you have benefits?

Employment history (begin with the most recent):

Employer:

Dates of Employment:

Job description:

Reason for leaving:

Employer:

Dates of employment:

Job description:

Reason for leaving:

Employer:

Dates of employment:

Job description:

Reason for leaving:

Release of Information

I, ______________________, hereby grant Dottie's House representatives authorization to request and/or release of information relative to medical, social, psychological, addiction history, legal or other information or records to the following agencies for the purpose of planning and implementing services for myself and my children.

Agencies:

County Board of Social Services
NJ Address Confidentiality Program
Family Court System
Social Security Administrators
Children's Home Society
Municipal Housing Authorities
Legal Services of New Jersey
Division of Child Protection & Permanency (DCPP)
Preferred Behavioral Health
Referring Agency ______________________

Other Agencies involved in treatment: ______________________

School(s) ______________________

Doctor(s) ______________________

Psychiatrist(s)______________________

Counselor/Therapist(s) ______________________

Employer(s) ______________________

Other(s) ______________________

I understand I may revoke this consent at any time via written communication to Dottie's House, except to the extent that action has already been taken. This Release of Information is valid for 24 months from the date of signature or completion of Dottie's House services.

I have read or had this form explained to me, and fully understand the nature of this authorization.

____

Client Date

____

Staff Signature Date

Acknowledgement and Authorization Regarding Background Investigation

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, AND RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ______________________ ("the Company")
(NAME OF BUSINESS)
at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by True Hire, LLC, 11730 Cleveland Ave., N.W., Uniontown, OH 44685, 800.262.7301, info@true-hire.com (the Agency") and/or the Company.

State of Washington applicants and employees only: If the Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the Agency identified above directly.

New York applicants and employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the Agency. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may also inspect and receive a copy of the report by contacting the Agency with the contact information above. By signing below, you also acknowledge receipt of Article 23-A of the NY Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Sign Here Signature: ______________________ Date: ______________

Print Name: ______________________

____
(NAME OF BUSINESS)

Personal Information Needed for Background Investigation

The following information will be used to conduct a background investigation. Please ensure the information below is accurate to the best of your knowledge. Please note that your personal information is confidential and will only be used for background investigation purposes.

Confidential Information Used for Background Checking Purposes Only

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH

DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	PHONE	EMAIL

PRESENT ADDRESS	CITY, STATE, ZIP	COUNTY

Please list any previous addresses you have had in the past 7 years:

STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)

Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years (including years used):

[1] FORMER NAME	DATES (FROM / TO)
[2] FORMER NAME	DATES (FROM / TO)
[3] FORMER NAME	DATES (FROM / TO)
[4] FORMER NAME	DATES (FROM / TO)

Sign Here Signature: ______________________________ Date: ______________