



IN ORDER TO RECEIVE FRESHPLACE SERVICES YOU MUST:

- **Live in Hartford**
- Be between the ages of eighteen (18yrs) and sixty (60yrs)
- Meet The Emergency Food Assistance Program (TEFAP) Eligibility Requirements. (See last page TEFAP Form)
- Are not on Disability
- Willing to complete an Individual Goal plan. This is a short-term program averaging 18 months.
- Photo ID
- Proof of ALL Household members (Birth certificate or SNAP letter only)
- Copy of active light bill (If no light bill-Copy of active lease)
- Copy of income, Saga cash, employment, unemployment etc. (weekly-4 paystubs, Bi-weekly-2 Paystubs, budget sheet or unemployment claim history)

Attached please find an application for Chrysalis Center, Inc. Freshplace Program. You may make copies as needed. Once you complete the application with the client, please send the **completed** form either by mail or fax.

Freshplace
255 Homestead Avenue
PO Box 320613
Hartford, CT 06132
Phone: (860) 263-4698
Fax: (860) 263-4612

RECEIPT OF APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.

EVERY SECTION ON THE APPLICATION MUST BE COMPLETED



Application Date:

Referral Source:

Please provide referring professional's information below:

Name _____ Agency/Program: _____ Phone: _____

Address: _____ Town: Hartford Zip Code: _____ Email: _____

Application Information:

Name: _____ Date of Birth: _____ Social Security: _____

Current Address: _____ Town: Hartford Zip Code: _____

Phone: () Phone: () Email: _____

Aliases: _____ Gender: M F Gender Identity: _____

Religion: _____ Primary Language: _____ Secondary Language: _____

Race: Asian Native American or Alaskan Native
 Black / African/American White/Caucasian
 Native Hawaiian/other Pacific Islander Other (Please Specify)
 Unknown

Ethnicity:

Hispanic-Other Non-Hispanic
 Hispanic-Puerto Rican Hispanic-Mexican
 Hispanic-Cuban Unknown

Marital Status: Married Never Married Separated Divorced/Annulled Widowed
 Civil Union Other Unknown

Military Status: Are you a veteran? Yes No Branch of Service: _____

Emergency contact:

Name: _____ Address: _____ Town: Hartford Zip Code: _____

Home Phone: ()

Work Phone: ()

Relationship:

How many people live in your home: **(Including the applicant)**

Dependents: Yes No (If yes, # of dependents: ages of dependents:

Dependents Name: _____ Date of Birth: _____ Age: _____ Gender: _____

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Vocational / Educational:

Highest Grade Completed in School:

Trade School / College (Please include names of schools, courses, years attended and/or completed):

Are you currently employed? Yes No

(If yes, please give name of employer, dates of employment, job title, duties, and salary)

Employer Name:

Job title:

Salary:

Job duties:

(If no, how long has it been since you were employed:

Medical:

No health insurance Medicare State Medicaid Other Private Insurance

Self-Pay Other (please specify) Unknown

Financial:

Income Source Amount Per Month Income Source Amount Per Month

PT Employment

FT Employment

Zero income

VA Benefits

Unemployment

Retirement

SSI/SSDI

Other

Public Assistance

Amount Per Month

SAGA

- TANF
- SSI
- SSDI
- State Supplement
- Food Stamps

- Pending Entitlements
- Other

Expenses:

- Child Support
- Student Loan
- Alimony
- Other

Do you have any outstanding bills that you have not made payment on? (e.g. utilities) Yes No

Please list the expense and the amount that is due:

Mental Health

Have you ever needed mental health services? Yes No

Have you ever been diagnosed with a mental health issue? Yes No

Would you like to be connected with a mental health provider? Yes No

Provider information:

Substance Use

Have you ever needed substance use services? Yes No

Are you currently abstinent from substances? Yes No Is yes, how long?

Would you like to be connected with a substance use treatment provider? Yes No

Provider information:

Housing

Are you currently homeless or at risk of becoming homeless? Yes No

If yes, please explain:

If you are currently homeless, how long has this homeless episode been?

Current Living Situation

- Rent an Apartment (lease holder)
- Private Residence (owns the residence)
- Single room occupancy (Hotel, YMCA, Rooming House)
- Sleeping on a couch
- Residing with relative
- Residing with a friend
- Domestic Violence Shelter
- Homeless Shelter
- Homeless on the street
- Other: please specify:

Legal

Are you currently on: Probation Parole Neither

If yes, please explain:

Do you need legal support? Yes No If yes, please explain

Do you need help with the following? Please select all that apply

- | | |
|---|--|
| <input type="checkbox"/> State or Federal Entitlements/Benefits | <input type="checkbox"/> Other Assistance (utilities, energy assistance etc) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Cooking, shopping, nutrition |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance use services/ treatment |
| <input type="checkbox"/> Food | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Legal (criminal, Family Financial) | <input type="checkbox"/> Other |

Please tell us anything else that you would like to work on:

Applicant: _____

Describe your greatest strengths, gifts, and abilities:

What are your three most important goals while you would like to meet while you are in the Freshplace Program?

What service will help you to be more independent?

I certify that the information in this application is correct and complete to the best of my knowledge and will notify the coordinator of any significant changes.

Signed: _____ **Date:** _____
Member or referring person

Print: _____ **Date:** _____ **Phone #:** _____
Member or referring person

RETURN TO:
CHRYSALIS CENTER, INC.
ATTN: Crystell Fortson
255 Homestead Avenue
P.O. Box 320613
Hartford, CT 06132

Telephone: 860-263-4698 Fax 860-263-4695

Visit us at: www.chrysaliscenterct.org