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A: \_\_\_ D: \_\_\_ H: \_\_\_



**Pre-Application for Partnership**

\*\*\*\*Completion of this application does not guarantee partnership with HOTEL INC\*\*\*\*

**Name:**

**Address:**

**Housing Status:** Rent\_\_\_ Own\_\_\_ Living with Friends/Family\_\_\_ Street/Car\_\_\_

**Have you received your Covid vaccine? If not, what is preventing you from receiving it?**

**Are you employed, if so where? If unemployed, what is preventing you from working?**

Full Time      Part Time      Temporary      Disabled      Retired

**What areas of your life do you need resources or guidance to increase your overall well-being?**

Nutrition/Food      Housing      Health      Employment      Legal      Faith      Relational

**When you picture your life with improved well-being, what does that look like?** *(What would you be doing with your time? Who would you be spending time with? What would your nutrition look like? What physical activity would you participate in? What would your living situation be?)* **Which of these things is most important?**

**How has your situation changed over the past year?**

**What are some things you have been doing to change your current situation?**

**What would you describe as your strengths? If this is difficult for you, what have others said were your strengths?**

**How long do you anticipate partnering with HOTEL INC to achieve your desired wellbeing?**

0-3 months      3-6 months      6 months or longer

**Have you received assistance from any other organizations in the past year?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, please list the names and the amount/type of assistance received.**

**\*\*\*\*\*At this time, HOTEL INC is not able to provide assistance with past due rent or utilities. We are happy to connect you with other community partners who are currently receiving funding for this type of assistance. \*\*\*\*\***

## HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?<sup>1</sup>
  - Yes
  - No
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)<sup>2</sup>
  - Bug infestation
  - Mold
  - Lead paint or pipes
  - Inadequate heat
  - Oven or stove not working
  - No or not working smoke detectors
  - Water leaks
  - None of the above

## FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.<sup>3</sup>
  - Often true
  - Sometimes true
  - Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.<sup>3</sup>
  - Often true
  - Sometimes true
  - Never true

## TRANSPORTATION

5. Do you put off or neglect going to the doctor because of distance or transportation?<sup>1</sup>
  - Yes
  - No

## UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?<sup>4</sup>
  - Yes
  - No
  - Already shut off

## CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?<sup>5</sup>
  - Yes
  - No

## EMPLOYMENT

8. Do you have a job?<sup>6</sup>
  - Yes
  - No

## EDUCATION

9. Do you have a high school degree?<sup>6</sup>
  - Yes
  - No

## FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:<sup>7</sup>
  - Never
  - Rarely
  - Sometimes
  - Often
  - Always

## PERSONAL SAFETY

11. How often does anyone, including family, physically hurt you?<sup>8</sup>
  - Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)
12. How often does anyone, including family, insult or talk down to you?<sup>8</sup>
  - Never (1)
  - Rarely (2)
  - Sometimes (3)
  - Fairly often (4)
  - Frequently (5)



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13. How often does anyone, including family, threaten you with harm?<sup>8</sup>

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

14. How often does anyone, including family, scream or curse at you?<sup>8</sup>

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

### ASSISTANCE

15. Would you like help with any of these needs?

- Yes
- No

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