THIS PHARR BY FAITH

Transitional Housing Program

Admissions & Intake Packet

> *"Restoring Hope. Building Faith. Empowering Lives."*

OUR MISSION

To provide a safe, supportive, faith-centered environment where individuals can rebuild their lives through accountability, education, employment, personal growth, and spiritual encouragement.

www.thispharrbyfaith.com

Phone: 704-806-2449 | Email: thispharrbyfaith@gmail.com

PO Box 1982, Concord, NC 28026

Welcome to This Pharr By Faith

Dear Applicant,

Welcome to This Pharr By Faith (TPBF) Transitional Housing. We understand that life's challenges can sometimes lead to difficult seasons. Our mission is to provide a safe, supportive, faith-centered environment where individuals can rebuild their lives through accountability, education, employment, personal growth, and spiritual encouragement.

Our goal is not simply to provide temporary housing—we are committed to helping every resident achieve long-term stability and independence. We recognize the courage it takes to take this step, and our team is here to support you on your journey to restoration.

We appreciate your interest in becoming part of the TPBF family and look forward to reviewing your application.

Blessings,
Executive Director
This Pharr By Faith

Program Overview

- **Vision:** A community where every individual is empowered to achieve lasting independence, sustained by faith and practical life skills.
- **Core Values:** Faith, Accountability, Restoration, Integrity, and Community.
- **Length of Program:** 6–12 Months (Based on individual progress and needs).
- **Resident Expectations:** Active participation in all programs, maintaining employment, contributing to household chores, and respectful community living.

Applicant Checklist

Applicants can check off each required item before submitting.

[ ] Government-issued Photo ID

[ ] Social Security Card

[ ] Birth Certificate

[ ] Verification of Homelessness

[ ] Criminal Background Check

[ ] TB Test

[ ] Physical Examination

[ ] Medication Verification

[ ] COVID Vaccination Record (if required)

[ ] Completed Application

[ ] Signed Consent Forms

SECTION 1: Applicant Eligibility

Applicants must:

[ ] Be at least 21 years of age

[ ] Be experiencing homelessness or housing instability

[ ] Maintain at least 90 days of sobriety

[ ] Participate in all required programming

[ ] Attend a church or Bible study of their choosing

[ ] Meet criminal background eligibility requirements

[ ] Be willing to comply with house policies

SECTION 2: Personal Information

Applicant Name:	
Preferred Name:	
Date of Birth:	
Social Security Number:	
Phone:	
Email:	
Current Address:	
County:	
Marital Status:	
Veteran Status:	[ ] Yes [ ] No
Gender:	
Race/Ethnicity:	

Emergency Contact

Name & Relationship:	
Phone:	

SECTION 3: Housing History

Current Living Situation:	
Length of Homelessness:	
Previous Residence:	
Reason for Homelessness:	
Previous Shelter History:	

SECTION 4: Employment & Financial Information

Employment Status:	[ ] Full-Time [ ] Part-Time [ ] Unemployed [ ] Disabled
Employer:	
Supervisor:	
Income (Monthly):	$
Benefits Received:	
Monthly Expenses:	$
Banking Information:	

SECTION 5: Education & Career Goals

Highest Level Completed:	
Current Certifications:	
Future Educational Goals:	
Career Interests:	

Vocational Training:	

SECTION 6: Health & Wellness

Primary Physician:	
Medical Conditions:	
Current Medications:	
Mental Health Services:	
Disabilities:	
Allergies:	
TB Test:	
COVID Vaccination:	
Emergency Medical Needs:	

SECTION 7: Recovery History

Sobriety Date:	
Recovery Program:	
Sponsor:	
Support Groups:	
Treatment History:	
Current Recovery Plan:	

SECTION 8: Criminal History

Pending Charges:	
Probation:	
Parole:	
Convictions:	
Explanation:	
Background Authorization:	[ ] Yes, I authorize a background check.

SECTION 9: Transportation

Driver License:	[ ] Yes [ ] No **State/ID:**
Vehicle Information:	
Insurance:	
Public Transportation:	[ ] Yes, I rely on public transit.

SECTION 10: Referral Information

Agency:	
Case Manager:	
Phone:	
Email:	
Referral Date:	
Reason for Referral:	

Applicant Certification

Professional Legal Statement

By signing below, I certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in the immediate denial of my application or termination from the This Pharr By Faith (TPBF) Transitional Housing Program. I acknowledge that completing this application does not guarantee placement into the program.

[ ] **Authorization:** I authorize TPBF to review my application and verify the information provided.

[ ] **Background Check:** I authorize TPBF to conduct a criminal background check to verify my eligibility for the program.

[ ] **Release of Information:** I authorize TPBF to communicate with my referring agency, medical providers, probation/parole officers, and emergency contacts as necessary to process my application and support my care.

[ ] **Photo Release (Optional):** I consent to the use of my photograph/video for TPBF promotional or reporting purposes.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

STAFF USE ONLY

(This section will never be completed by applicants. To be completed by TPBF Intake Staff)

Intake Date:	
Admissions Coordinator:	
Interview Completed:	[ ] Yes [ ] No
Background Check:	[ ] Pass [ ] Fail [ ] Pending
Drug Screen:	[ ] Pass [ ] Fail [ ] Pending
TB Verification:	[ ] Received [ ] Missing
Documentation Complete:	[ ] Yes [ ] No
Income Verified:	[ ] Yes [ ] No
Employment Verified:	[ ] Yes [ ] No [ ] N/A
Program Eligibility:	[ ] Eligible [ ] Ineligible
Housing Unit Assigned:	
Move-In Date:	
Case Manager:	
Risk Assessment:	
Needs Assessment:	

Notes

Final Decision

[ ] Approved

[ ] Conditionally Approved

[ ] Wait List

[ ] Denied

Reason:	

Executive Director Signature

Date