

BCA / **RAFIKI**
WELLNESS

Last name		First name		Current Address Homeless/Shelter Treatment program		Date of Birth ____/____/____	
Phone number		City, State and Zip code		Name of emergency contact person		Emergency contact number	
Email							
Have you resided in San Francisco in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what ties do you have to San Francisco county?						Who referred you to BMH?	
Ethnicity (Check one) African American Caucasian Asian pacific Islander Hispanic Native American Other _____			Sexual Orientation (Check one) Gay/same gender loving Bisexual Heterosexual Lesbian Other _____			Gender (Check one) Male Female Transgender _____	
Please list any forms of income you receive monthly Employment \$_____ SSI/SSD \$_____ GA \$_____ Unemployment \$_____ Other \$_____ Total Monthly Income \$_____ Income must be verified prior to acceptance—to qualify for the program, you will be asked to pay 30% of your Income towards rent.		Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain the situation:					
		Please list addresses for the last three years: (please attach a paper to the application if more space is needed)					
		Street Address		City/ State	When (From- To)		Reason for leaving

Brandy Moore House Application



Background Information

Are you HIV Positive? Yes No If Yes, what is your T-cell and viral load (give an estimate) T-cell _____ Viral Load _____	Have you been diagnosed with any Mental health conditions? Yes No Explain if Yes _____ _____ _____	Do you have any other medical conditions? Yes No Explain _____ _____ _____	Does your medical condition inhibit your ability to live in an independent social setting? Yes No Explain _____ _____ _____
Have you ever been convicted of crime? Yes No If Yes explain the cause for conviction _____ _____ _____ _____ _____	Are you currently using drugs or alcohol? Yes No If you are clean and sober, since when _____ _____ _____ _____	In the past twelve months have you used any of these substances? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Speed (crystal, meth, tina) <input type="checkbox"/> Powdered cocaine </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Club Drugs (e.g. ecstasy, GHB, ketamine) <input type="checkbox"/> Crack </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Poppers (amyl nitrate) <input type="checkbox"/> Heroin </div> <input type="checkbox"/> Painkillers/Tranquilizers (Oxycotin, Valium) <input type="checkbox"/> Five or more alcoholic drinks in a 24-hr period In the past 12 months, have you injected any drug that was not prescribed for you? Yes _____ No _____	

Statement of Understanding

I wish to apply for the Brandy Moore Transitional Housing Program; a program which combines both subsidized rent assistance, life skills development, and independent living. I also understand that if available I can and should remain on Section 8, including the waiting list, while participating in the Transitional Housing Program. I understand that an incomplete application will not be accepted and that submitting an application does not guarantee me a spot in the program.

By signing this application, I certify the information provided is true and accurate. Any omissions or inaccuracies could prevent me from being considered into the program or revoke my position if admitted.

Printed Name _____ **Signature** _____ **Date** _____

Return this application to:
 Black Coalition on AIDS
 601 Cesar Chavez Street, San Francisco, CA 94124

TEL (415) 615-9945 □ FAX (415) 615-9943