



Application Packet

For the

Sustainable Housing Brokerage

This application packet contains three (3) parts that need to be completed and returned to Empowerment Initiatives, Inc.

1. “Participant Selection Criteria” – **your case manager, house manager, or house staff** where you live fills this out.
2. “Application To Be A Customer” – **YOU** fill this out to tell us about you and why you want to work with us.
3. “Authorization to Disclose Protected Health Information” (also called “Release of Information”) – **YOU** initial and sign this to give us permission to speak to your case manager or house staff.

Then mail, fax, or deliver this application packet to:

Empowerment Initiatives Inc.
Attn: Amy Zulich
825 NE 20th Avenue, Suite 130

Portland, OR 97232

Or for more information contact Amy Zulich at:

Phone: 503 249-1413, ext. 277

Cell Phone: 503-867-2573

Email: azulich@chooseempowerment.com



Sustainable Housing Brokerage

PARTICIPANT SELECTION CRITERIA

To be filled out by case manager or housing staff

Your name (referring party): _____

Title/credentials: _____

Organization: _____

Name of Referred Individual: _____

Is this individual (please check applicable boxes):

Living in an Extended Care Management Unit residential placement and interested in transitioning to more independent living.

OR

Aged 16-24 with an institutional history or diagnosis of serious mental illness and in need of an independent stable living situation in the community

AND

His or her own guardian.

No incidence of physical violence in the past year

No documented history of predatory behavior in the past five years

No clinically significant disruption in any core area of functioning due to substance abuse in the past year.

Not under the jurisdiction of the Psychiatric Service Review Board (PSRB)

Signature of referring party: _____ **Date:** _____

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APPLICATION TO BE A CUSTOMER

To be filled out by potential customer

Your name _____ **Date of Birth** _____

Address: _____

Phone number: _____

Who referred you: _____

Describe psychiatric disability or most recent psychiatric diagnosis:

1. Where do live now? Why do you want to move?

2. Describe what you want for your next living situation. What kind of supports will you need to be successful during the transition? Will you need a housing subsidy (like Section 8) to help you afford your rent?

3. What kind of supports will you need to be successful in your new housing situation for the long term?

4. Please list a few goals and dreams that you have for your life.

5. Who is in your life right now that you think would support these goals and dreams? And what is your relationship to these people?

6. What kinds of other supports do you feel you will need in order to reach your goals? (For example: tutoring, job coaching, counseling, financial assistance, medical attention, self-help and recovery groups, etc.)

7. Please give a few ideas of how you might spend your personal planning money.

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Release of Information to:**

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