



Rivership Alliance Application

Date: _____

Applicant: _____ Date of Birth: _____

Phone Number: _____ Case Manager/Referral Source: _____

Insurance: Primary: _____ Spenddown _____

Secondary: _____

Diagnosis: Primary: _____

Secondary: _____

Race: (Please be advised that providing this information has no effect on the applicant's eligibility for the program or house placement)

- ☐ Caucasian
- ☐ Black
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Other: _____

What type of living setting does the applicant require?

Check only one (If more than one is checked, this application will be returned)

- ☐ Independent apartment (Fellowship apartments-non staffed)
- ☐ Semi-Independent living, independent apartments, minimal staff support (Mill House)
- ☐ Shared living with independent room, moderate staff support (Fayette St)
- ☐ 24 hour staffed group living, private bedrooms, intense staff support (Twitchell, and Fellowship House)
- ☐ 24 hour staffed group living, private bedrooms, intense staff support for elderly clients with mobility difficulties, First Floor living (278)

****If there has been a change to the applicant's level of care, or any anticipated changes please elaborate here.****

Why is the applicant leaving his or her current housing situation? _____

Is the applicant willing to have a roommate? Note: (if no, you will not be offered available housing with roommate settings)

- ☐ Yes
- ☐ No

Does the applicant have any accessibility needs or specific requests?

☐ Yes, please list them here: _____

☐ No

Is a first floor apartment a medical necessity and recommended by a primary care provider?

☐ Yes

☐ No

Any there any medical concerns?

☐ Yes, please list them here: _____

☐ No

Does the applicant have a guardian?

☐ Yes, please list them here: _____

☐ No

Does the applicant have a rep payee?

☐ Yes, please list them here: _____

☐ No

Does the applicant have a history of any of the following: (Check all that apply.)

☐ Aggressive behaviors towards themselves, others or property?

☐ Registered sex offense in any state?

☐ Charged with selling or manufacturing methamphetamine?

Explain all that apply: _____

Do you have any comments regarding the applicant's level of risk or legal considerations? _____

Please check each housing setting applicant has lived at in the past.

Setting	No	Yes	Dates of instances:
Independent Apartment			
With Family			
With Friends			
Group Home/Home Provider			
Hospital			

Please provide a list of previous residences and contacts

Date of residence	Landlord name and contact number	Full address of residence	Reason for leaving

Please list all states in which the applicant has resided:_____

Please indicate the applicant's level of independence relative to the following ADL skills.

	Fully Independent	Requires Some Cuing	Dependent on others
Chores			
Cooking			
Shopping			
Dressing			
Bathing			
Laundry			
Medication Administration			
Other Daily Tasks			

What else has been tried to help the applicant be successful in their current living environment? (VNA, CFI, increased FSS, etc.) _____

What FSS supports would the applicant utilize from Residential staff? _____

Applicants must provide income information to verify ability to pay for housing services. List all sources of income/ funds and amounts.

SSDI	\$ /Month
Employment	\$ /Month
APTD	\$ /Month
SSI	\$ /Month
Trust Fund	\$ /Month
Insurance Settlement	\$ /Month
Savings Acct.	\$ /Balance
Checking Acct.	\$ /Balance

Has the applicant disposed of any assets for less than market value within the last two years?

- ☐ Yes, please explain: _____
- ☐ No

Does the applicant currently hold a Housing Choice Voucher? (Formerly "Section 8")

- ☐ Yes
- ☐ No
- ☐ Status is pending

Does the applicant have a Bridge Voucher?

- ☐ Yes. Who is your housing specialist? _____
- ☐ No

Does the applicant have Project Based Assistance (PBA)?

- ☐ Yes
- ☐ No
- ☐ I have applied here: _____

Is the applicant a student enrolled in an institution of higher education?

- ☐ Yes
- ☐ No

Please include the following documentation with this application:

- ☐ Current Physician orders for medication and treatment
- ☐ Current Health Screening
- ☐ Conditional Discharge
- ☐ Any other court orders

Has the applicant been vaccinated for COVID-19?

- ☐ Yes
- ☐ No
- ☐ If yes, please indicate Vaccine received, # of doses and dates, and attach copy of Vaccination Card: _____

If the applicant is NOT a Riverbend client yet, please also include the following information:

- ☐ Clinical summary including diagnosis and past treatment history
- ☐ Treatment plan
- ☐ Relapse prevention plan
- ☐ Crisis plan
- ☐ Conditional Discharge if applicable
- ☐ Guardianship paperwork

Your signature, below, authorizes Rivership Alliance staff to verify the information on this application, including conducting a criminal background check, obtaining proof of citizenship and securing third party verification of financial information. Further, your signature authorizes the management to inquire as to the applicant's rental experience with the persons or organizations listed above, including rental payments, housekeeping habits, and other general conditions of previous tenancies. Your signature also certifies that the information provided here is accurate and complete to the best of your knowledge.

Applicant/Guardian Signature

Date

Application Prepared by

Date

Please return completed applications to: Tracy Byers, Director of Residential Services
Riverbend CMHC
PO Box 2032
Concord, NH 03301