vineyard COLUMBUS TRANSITIONS Individual Application Form

Vineyard Columbus 6000 Cooper Rd. Westerville Ohio 43081

transitions@vineyardcolumbus.org / 614-259-5421

APPLICANT INFORMATION						
Name(s):						
Contact Phone#:Cell / Home Additional p	hone#:Cell / Home					
(New) Home Address:						
Street Cit	ty State Zip code					
Email:						
Move-in Date (Actual/Est.):Country of Origin:	Veteran: Y / N					
Number of Adults in Household: M F Number of Ages of Chil	Children in Household: M F ldren in Household M F					
Circumstances and relevant date surrounding recent transition to permanent housing:						
Refugee Resettlement: Y / N Period of the set of	of Incarceration: Y / N					
Period of Homelessness: Y / N Human Trafficking: Y / N						
Domestic Violence: Y / N Other: _						
 Please answer all of the following: 1. I (or my family) moved into our current home within the last 90 days? Yes / No 2. I have proof of move-in date (i.e. lease agreement) and can share a copy upon request? Yes / No 3. My (our) gross household income is less than 200% of 2016 Federal Poverty Guidelines? Yes / No 4. I am a member of Vineyard Columbus. Yes / No 						
Reference:						
How did you hear about Transitions Ministry of Vineyard Columbus?						
Pastor/Small Group Leader Name & Contact:						
Are you working with any social services agency: Y / N Agency Name:						
Caseworker Name:	Contact Info:					
By signing, I certify that the information above is correct and accurate to the best of my knowledge.						
Signature:	Date:					

Household Items Request List

by room type to the	number of individuals livin e note requested quantitie	g in the home an	Item quantities are limited in total an d subject to availability (see page 3).
	s: Twin: Full: e included in sets of sheets)	Queen:	King:
Blankets:	Twin: Full:	Queen:	King:
Pillows (One/	person): Alarm Clo	ock:	
Bathroom items:			
Bath Towels	& Wash Cloths:		
Shower Curta	ain, Shower Liner and Hool	ks:	
Toiletry Kit: Adult	: Soap, Shampoo, & Tooth	Brush, Toothpas	te (One per household)
Toilet Plunge	:r:	Toilet brush	n:
Kitchen Items:			
Plates, Bowls	s & Mugs (set of 4):	Silverware ((set of 4):
Pots & Pans ((<u>set</u> or Individual):	Serv	ring Dishes (set of 2):
Basic Kitchen	n Knives:	Can Opener	r:
Dish Cloths &	Towels: Utensils ((set): G	lasses:
I am able to pick up	requested household item	is at Vineyard Col	umbus: YES / NO
lf No, would you wai	nt Transitions' volunteers o	drop-off items at	home address? YES / NO
Office Use:			
Date Reviewed:	Reviewer	:	
Review with referrin	g Agent: Y / N	No	otes:
			hange Assigned:
Notes:			

FAQ

Household	Poverty	
Size	Guideline	200%
1	\$11,880	\$23,760
2	16,020	\$32,040
3	20,160	\$40,320
4	24,300	\$48,600
5	28,440	\$56,880
6	32,580	\$65,160
7	36,730	\$73 <i>,</i> 460
8	40,890	\$81,780

What are the 2016 Federal Poverty guidelines?

*Source Health and Human Services Department on 01/25/2016

What are the item limits for individuals and families?

	Maximum Items			
Household	Bed	Bath	Kitchen	Total
Size				
1	5	4	7	16
2	9	6	7	22
3	13	8	7	28
4	17	10	7	32
5	21	13	10	34
6	25	15	10	36
7	29	17	10	40
8	33	19	13	44
9	37	21	13	48
10	41	23	13	52

What if I don't have proof of lease or rental agreement date? Without a verifying document, or 3rd party statement (i.e. case worker, pastor) we won't be able to release any household items.