

Jackson Hinds Gardens, Inc.

*607 Thornton Rd
Houston, Texas 77018
(713) 697-7711 phone
(713) 697-8929 fax*

JACKSONHINDS@THEHOUSINGCORP.ORG

ABOUT US –

Jackson Hinds Gardens, Inc. is an all bills paid, Housing First, PSH, Single Room Occupancy (SRO) facility – **only one person per room**, no couples, children or families – for Houston's **homeless and very low income**. Clients do not have to be clean and sober to obtain housing, however, we are a drug and alcohol free facility. We offer round the clock front desk staff with camera surveillance. We are not a shelter, nor do we offer temporary housing.

Market Rate/Self-Pay units

Rent \$450/month. No application fee. 12-month lease term. No deposit required upon move in.

ID, SS card and Income required.

3rd party payers must provide a letter of assistance or a promissory note on their letterhead.

Individual payers (family members, friends, etc.) are not accepted.

Background Checks: case by case basis. No violent felonies. No sex offenders on a lifetime registry.

Housing Voucher (Harris County Housing Authority) units

Homeless only. Homeless verification letter required.

Rent Income Based – 30% gross income; or covered 100% by HCHA for \$0 (zero) income.

No application fee. No deposit required upon move in.

12-month housing contract and lease term.

ID, SS card and birth certificate required.

Background checks: no felonies in the past 5 years. No sex offenders.

Unit Furnishings

twin size bed | one table | two chairs | night stand | microwave | mini refrigerator | community baths

Community Amenities

Two community kitchens

Pool table

Vending machines

BBQ Pits

On-site laundry facilities

Healthcare for the Homeless (Harris Health)

On-site health checks and Gold Card eligibility. Dates and times may vary.

Thank you for checking us out! ☺

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SRO APPLICANT CHECK LIST

REVISED JULY 2017

The following are the **required documents** needed to obtain housing:

- _____ Current Texas ID or TDL
- _____ Social Security Card
- _____ Birth Certificate
- _____ Verification of Income (Check Stubs, Award Letter, etc.)
- _____ Homeless Letter

We will not lease to:

- ☞ Clients with a felony conviction within the past 5 years – Section 8 only
*Case by case basis for Market Rate units
- ☞ Sex Offenders on a **Lifetime** Registry

-
- All Section 8 applicants **must** be interviewed on-site by the Harris County Housing Authority. Once you are approved, the assigned unit must be inspected **before** you can move in. Full rent or prorate is due at the time of move in.
 - Please provide a **good method of contact** on the application (next page) in order for us to reach you when a unit becomes available or for any other changes, questions or concerns.
-

DO NOT WRITE HERE | FOR MANAGEMENT STAFF USE ONLY

Applicant Name: _____ Date: _____

Unit: _____ Housing _____ Market | Walk-In: _____ or Referred by: _____

HCHA Intake Date: _____ Move-In Date: _____

Jackson Hinds Gardens

607 Thornton Road Houston, TX 77018

RESIDENT APPLICATION AND INFORMATION FORM

Date of Application _____ Referring Agency _____ Unit # _____
Case Worker _____ Phone _____

A. Personal Information

First Name _____ Middle Initial _____ Last Name _____

Are you currently **Homeless**? ☐ Yes ☐ No

Have you been **homeless for more than a year**? ☐ Yes ☐ No

In the past 3 years, how many times you been homeless? 1 ☐ 2 ☐ 3 ☐ 4 ☐ More than 4 times ☐

Last permanent address _____ Zip Code _____

Where are you living now? _____

Current Telephone () _____ Social Security Number _____

Date of Birth _____ Gender as on ID ☐ M ☐ F

☐ Transgender ☐ M to F ☐ F to M

Drivers License/ID Number _____ State _____ Expiration _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

☐ Never Married ☐ Married & Not Living with Spouse

Have you ever been evicted from your housing? ☐ Yes ☐ No

If YES, when, where and why: _____

Military Status:Have you ever served in the Military? ☐ Yes ☐ No

Branch of service _____

Veteran Affairs ID Number: _____ DD214: ☐ Yes ☐ No

Military Service Era: _____ Months of Active Duty: _____

Service Entry date: _____ Service Exit date: _____ Rank at Exit: _____

Service Type: _____ Discharge Status: _____

Citizenship Status: ☐ Citizen☐ Non-Citizen☐ Permanent Resident

Country of Origin: _____

B. Race:☐ A. American Indian or Alaska Native☐ B. Asian☐ C. Black or African American☐ D. Native Hawaiian or Other

Pacific Islander

☐ E. White☐ F. American Indian/Alaskan Native &
White☐ G. Asian and White☐ H. Black/African American and White☐ I. American Indian/ Alaskan Native
& Black/African American☐ J. Other Multi-Racial**C. Ethnicity:**☐ A. Hispanic or Latino☐ B. Non-Hispanic or Non-Latino

D. Financial Information – Monthly Income

- ☐ A. SSI/SSDI \$ _____ ☐ B. Social Security \$ _____
☐ C. Food Stamps \$ _____ ☐ D. Veteran's Benefits \$ _____
☐ E. Pension \$ _____ ☐ F. Employment Income \$ _____
☐ G. Medicare Yes _____ No _____ ☐ H. Medicaid Yes _____ No _____

What is the **total income** (from all sources) you receive each month? \$ _____

E. Employment Information

Are you currently employed? ☐ Yes ☐ No

Employer _____ Job Title _____

Address/City/State/Zip _____

Supervisor's Name and Phone _____ How Long _____

If you are not currently employed, what kind of work did you do in the past?

When? _____ How long? _____

Will you be looking for work while at Jackson Hinds Gardens? ☐ Yes ☐ No

F. Education

Highest Level Completed:

☐ Grade _____ ☐ High School ☐ GED ☐ Some College ☐ College Degree

G. Vehicle Information

☐ I will ☐ I will not have a vehicle during my residency at Jackson Hinds Gardens.
(Maximum of 1 vehicle).

If yes: Make, model and color _____
Year _____ License No. _____ State _____

H. Criminal Background Information

Have you ever been convicted of a felony or a misdemeanor resulting in a jail sentence or fine of \$500 or more? ☐ Yes ☐ No

1. Does your name appear on any **Lifetime Sex Offender Registry**? Yes _____ No _____

2. Does your name appear on any **Lifetime Meth Offender Registry**? Yes _____ No _____

I. Emergency Contact Information

(We MUST have at least one emergency contact)

Emergency Contact (Primary)

Name

Address

Phone Number

Relationship to you

Emergency Contact (Secondary)

Name

Address

Phone Number

Relationship to you

J. Other Information

Do you have a legal Guardian? ☐ Yes ☐ No

Do you have a Payee? ☐ Yes ☐ No

If Yes: _____

Name

Telephone

HEALTH INFORMATION

*Information provided on this form **WILL NOT DISQUALIFY YOU** from residency at Jackson Hinds Gardens. This information is requested solely to assist in providing you with a safe and comfortable home in our community.*

K. PHYSICAL HEALTH INFORMATION

Are you presently under the care of a physician? ☐ Yes ☐ No

Doctor's Name _____ Phone _____

Clinic Name _____ Address _____

Most recent diagnosis: _____

Do you currently have, or have you had within the last three years:

AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epileptic seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually transmitted disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No

When you were diagnosed? _____

Please describe any other health problems: _____

L. MENTAL HEALTH INFORMATION

Are you presently under the care of a mental health professional? ☐ Yes ☐ No

Name of Psychiatrist/Therapist _____ Phone _____

Clinic Name _____

Most Recent Diagnosis _____

Please List Current Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mental Health Case Manager: _____ Phone: _____

Agency: _____

Disabling Condition? Yes ☐ No ☐

Please check all that apply:

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| a. Mental illness <input type="checkbox"/> | e. Developmental disability <input type="checkbox"/> |
| b. Alcohol abuse <input type="checkbox"/> | f. Physical disability <input type="checkbox"/> |
| c. Drug abuse <input type="checkbox"/> | g. Domestic violence <input type="checkbox"/> |
| d. HIV/AIDS and related diseases <input type="checkbox"/> | h. Other (please specify) <input type="checkbox"/> _____ |
- _____

SUBSTANCE ABUSE HISTORY QUESTIONNAIRE

Name _____

NOTE: JACKSON HINDS GARDENS IS AN ALCOHOL-FREE AND ILLEGAL DRUG-FREE COMMUNITY. A PREVIOUS HISTORY OF ALCOHOL OR SUBSTANCE ABUSE DOES NOT DISQUALIFY YOU FROM RESIDENCY AT JACKSON HINDS GARDENS. WE REQUEST THE INFORMATION BELOW IN ORDER TO ASSIST YOU IN MAINTAINING THIS ALCOHOL-FREE AND DRUG-FREE ENVIRONMENT.

Do you have a Sobriety Date? ☐ No ☐ Yes When is it? _____

Alcohol and Drug Use History:

Have you **EVER** used:

- | | |
|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Alcohol What? _____ | <input type="checkbox"/> Tranquilizers/ Muscle Relaxants(Soma, Zanax..) |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Narcotics(Heroin) |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Opiates(Oxycontin, Hydrocodone, Darvocet..) |
| <input type="checkbox"/> Amphetamines(speed) | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Solvents(paint thinner, etc.) |
| <input type="checkbox"/> Sedatives(sleeping pills) | <input type="checkbox"/> Hallucinogens(LSD, mushrooms...) |
| <input type="checkbox"/> Other _____ | |

In the **PAST 3 MONTHS**, have you used:

- | | |
|----------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Alcohol What? _____ | <input type="checkbox"/> Tranquilizers/Muscle Relaxants(Soma, Zanax..) |
| <input type="checkbox"/> Cocaine _____ | <input type="checkbox"/> Narcotics(Heroin) |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Opiates(Oxycontin, Hydrocodone, Darvocet..) |
| <input type="checkbox"/> Amphetamines(speed) | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Solvents(paint thinner, etc.) |
| <input type="checkbox"/> Sedatives(sleeping pills) | <input type="checkbox"/> Hallucinogens(LSD, mushrooms...) |
| <input type="checkbox"/> Other _____ | |

Which of these were prescribed by a doctor?

Describe your behavior patterns when you were under the influence of these substances:

Substance Abuse History, cont'd

Have you ever participated in a Residential Alcohol or Drug Treatment Program?

☐ Yes ☐ No

Name of program _____

City _____ State _____

Contact person _____

Did you complete the program? ☐ Yes ☐ No When? _____

Certificate? ☐ Yes ☐ No

Have you ever participated in an Out-Patient Alcohol or Drug Treatment Program?

☐ Yes ☐ No

Name of Program _____

City _____ State _____

Contact Person _____ Phone _____

Did you complete the program? ☐ Yes ☐ No When? _____

Certificate? ☐ Yes ☐ No

How many times have you attended a Drug and/or Alcohol Treatment Program? _____

Do you attend 12-Step meetings? ☐ Yes ☐ No

Do you currently want help for a Drug or Alcohol problem? _____

CRIMINAL RECORD INFORMATION

Name _____

Information provided on this form **WILL BE CHECKED** against the Texas state database. Please fill in all information completely. If more than one conviction, please list the most recent first.

CONVICTION ☐ Felony ☐ Misdemeanor with fine of \$500 or more, or *any* time served

Date of Conviction _____ Convicted for _____

State _____ Court of Jurisdiction _____

Sentence: _____

Place _____ of _____ incarceration

RELEASE INFORMATION

☐ Completion of sentence ☐ Parole Date of release _____

If paroled, name and address of Parole Officer: _____

Telephone of parole officer _____ Date parole will end _____

CONVICTION ☐ Felony ☐ Misdemeanor with fine of \$500 or more, or *any* time served

Date of Conviction _____ Convicted for _____

State _____ Court of Jurisdiction _____

Sentence _____

Place of incarceration _____

RELEASE INFORMATION

☐ Completion of sentence ☐ Parole Date of release _____

If paroled, name and address of Parole Officer: _____

Telephone of parole officer _____ Date parole will end _____

I hereby certify that the information provided in this application is, to the best of my knowledge and belief, true and complete. I understand that this information will be used to determine my eligibility for residency at JACKSON HINDS GARDENS and for no other purpose. I further understand that willful falsification of any information herein will constitute grounds for denial of residency or termination of my lease agreement.

Applicant Signature: _____ Date: _____

Jackson Hinds Gardens

607 Thornton, Houston, TX 77018

Acknowledgement of Support Services Available

I _____ have been told that support services are available to me at Jackson Hinds Gardens should I choose to use them. My signature below indicates whether I accept or decline support services at entry. I understand that if I decline now and then change my mind, services will be available upon my request.

I understand that the following services are available on-site or by referral:

- Mental Health Services – on-site crisis management and referral to services
- Substance Abuse Services - on-site or by referral
- Healthcare - Harris Health System's Healthcare for the Homeless on-site
- Employment Assistance – by referral
- Dental Care- by referral
- Case Management

I also understand that it is my responsibility to seek out services should I want them.

☐ I accept services.

☐ I do not want services at this time.

Resident Signature: _____ Date: _____

JHG Staff Signature: _____ Date: _____

Jackson Hinds Gardens

Effective 7/10/2013

RESIDENT CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize the Agencies listed below to release to Jackson Hinds Gardens, without liability, information regarding my employment, income, medical, legal or housing status, assets and/or expenses for purposes of verifying information provided as part of this application. In addition, I authorize Jackson Hinds Gardens to release the types of information listed above, to any of the Agencies listed below.

I understand that previous or current information regarding me may be needed. Verification and inquiries may include, but are not limited to: personal identity; employment information, including wages, income and assets; utility, rent obligations; medical or child care allowance. I understand this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for Housing assistance.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information are identified below. Secondly, unless I have signed additional release forms for specific purposes, no information which might identify me may be shared by representatives of Jackson Hinds Gardens with anyone other than the agencies listed below.

- | | |
|-----------------------------------|----------------------------------------|
| - Bank/Financial Institution | - Houston Housing Authority - Landlord |
| - Physician/Clinic | - Utility Company |
| - Harris County Housing Authority | - HUD |
| - Social Security Administration | - Veteran's Administration |
| - Hospital | - Parole/Probation Office |
| - State Unemployment | - Texas DPS Sex Offender Registry |

Any agency that you do **not** want us to contact must be written here and initialed:

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. **The original of this authorization is on file at Jackson Hinds Gardens and will stay in effect for one year from the date signed.** I understand that I have a right to review this file and correct any information that I can prove is incorrect. I understand that a project sponsor will take all necessary precautions to protect the confidentiality of my name.

Initial here if you have read and understand the information contained on this form _____

Applicant's Signature

Date

Printed Name of Applicant

Social Security Number

Witness Signature

Date

HMIS Client Consent and Release Form

This is a consent form to authorize the release and exchange of your information within the Homeless Management Information System (HMIS) and with all Coalition for the Homeless partner agencies in Houston/Harris County. Please read below for a description of what this consent entails.

Homeless Management Information System

When you enter Jackson Hinds Gardens, we will collect information about you and enter it into a computer system that helps us to keep track of your information. This program is called ClientTrack and is used by many agencies in the area that provide services to homeless persons.

Information Collected

The information we collect may include, but is not limited to:

- Basic identifying information (name, SSN, date of birth, gender, race/ethnicity, etc.)
- Eligibility information (reason for homelessness, disability information, etc.)
- Personal history (education, employment, medical, legal, military, etc.)
- Services needed and provided; outcomes of services provided.

Reason for Information Collected

We collect information about you in order to better assess your needs and the needs of others in your community, to track whether your needs are being met, and to improve the quality of care and service for homeless persons in Houston/Harris County. By providing us with consent to share your information in HMIS and with our partner agencies, we will be able to better identify services for which you may eligible, and to coordinate your services more effectively.

Client-Informed Consent/Release of Information Authorization

I, _____, the undersigned, hereby authorize the release and exchange of my information in the HMIS ClientTrack System and with all partner agencies of the Coalition for the Homeless of Houston/Harris County. I understand that this authorization will remain in effect for one year from the date the authorization is signed. I understand that I am entitled to a copy of this consent form.

Signature of Client

Date

Signature of Agency Witness

Date

