COLORADO COALITION FOR THE HOMELESS

Sage Ridge Supportive Residential Community Application

Sage Ridge

APPLICANT INFORMATION
(All fields **must** be completed to be considered for expedited intake):

Date:

Applicant Name:

Date of Birth (DOB):

Social Security # / ITIN:

Phone

Primary Language(s):

Email:

Please review each statement below and select Yes or No. Provide additional information where requested.

☐ Yes ☐ No I am a Colorado resident (living, renting or attending school in Colorado for the last 6 months).

☐ Yes ☐ No I am an individual 18 years of age or older.

☐ Yes ☐ No I am currently homeless, intermittently sheltered, or at significant risk of homelessness.

☐ Yes ☐ No I have specific food allergies and/or dietary restrictions.

Please list prohibited foods:

_____

_____

☐ Yes ☐ No I am able to administer my own medications (prescription and over the counter)

Please list current medications:

_____

_____

☐ Yes ☐ No I am able to live independently and complete all activities of daily living (ADL) without assistance

Please list diagnosis/diagnoses:

☐ Yes ☐ No I am actively seeking a voluntary, residential recovery program for a substance use disorder

Please list substance(s) used within the last 30 days and dates of last use:

☐ Yes ☐ No I have a co-occurring mental health condition(s)

Please list diagnosis/diagnoses: (medical and/or mental health)

☐ Yes ☐ No I am able to navigate uneven terrain and a large, moderately hilly campus independently or with the help of a mobility assistance system

☐ Yes ☐ No I am medically stable and have no pending surgeries/medical procedures requiring multi-day hospitalization, or long-term medical treatments, expected to occur within the next 6 months

☐ Yes ☐ No I do not have open court cases (that have not been fully adjudicated).

☐ Yes ☐ No I do not have any sex offenses on my record.

☐ Yes ☐ No I do not have violent criminal offenses in the last 3 years.

☐ Yes ☐ No I am currently connected to/receiving care or services from, the referring provider listed below.

☐ Yes ☐ No I currently have a pet or an emotional support animal (dogs only).

☐ Yes ☐ No I have a specially trained service animal (seeing eye dog, hearing assistance, seizure dog, etc.).

BACKGROUND CHECK AUTHORIZATION/RELEASE OF INFORMATION:

☐ Yes ☐ No ***I hereby authorize CCH and Sage Ridge staff to run a comprehensive criminal background check (local, state, and national) for the sole purpose of verifying the information provided above.***

☐ Yes ☐ No ***I also authorize Sage Ridge staff and the listed referral source (see next page) to share and receive information specifically related to my housing/homeless status, judicial involvement, substance use, medical condition(s), mental health diagnosis(es), current supportive services, and overall care to and from the referring provider listed below. This release is in effect for one (1) year from today's date.***

☐ Yes ☐ No ***I hereby attest that all the information provided on this application is true and accurate. Further, I understand that falsifying information on this application may result in permanent ineligibility for future participation in the Sage Ridge Transitional Recovery Housing Program.***

Applicant Printed Name: _____

Applicant Signature (required): _____ Date: _____

REFERRING COMMUNITY PROVIDER ATTESTATION:

I confirm and attest that the information provided above is true and accurate to the best of my professional knowledge of the applicant named and referred above:

Staff Name:
_____

Organization:
_____

Staff Signature:
_____

Date:
_____

Contact Phone #:
_____

Contact Email:
_____

When completed, please print this document, sign, and send via email to SageRidgeReferrals@coloradocoalition.org with any pertinent documents like pet vaccination records, vehicle registration/license/proof of insurance, or upcoming appointment information.

Questions? email SageRidgeReferrals@coloradocoalition.org or call 303-285-5200.