

# TRANSITIONS Individual Application Form

Vineyard Columbus 6000 Cooper Rd. Westerville Ohio 43081

[transitions@vineyardcolumbus.org](mailto:transitions@vineyardcolumbus.org) / 614-259-5421

## APPLICANT INFORMATION

Name(s): \_\_\_\_\_

Contact Phone#: \_\_\_\_\_ Cell / Home      Additional phone#: \_\_\_\_\_ Cell / Home

(New) Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Move-in Date (Actual/Est.): \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Veteran: Y / N

Number of Adults in Household: M\_\_\_\_ F\_\_\_\_      Number of Children in Household: M\_\_\_\_ F\_\_\_\_

Circumstances and relevant date surrounding recent transition to permanent housing:

Refugee Resettlement: Y / N \_\_\_\_\_ Period 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

Please identify needed items and indicate quantities requested. Item quantities are limited in total and by room type to the number of individuals living in the home and subject to availability (see page 3).

*\*For all items, please note requested quantities.*

### Bedroom items: (all bedding is new)

Sets of Sheets: Twin: \_\_\_\_\_ Full: \_\_\_\_\_ Queen: \_\_\_\_\_ King: \_\_\_\_\_

Blankets: Twin: \_\_\_\_\_ Full: \_\_\_\_\_ Queen: \_\_\_\_\_ King: \_\_\_\_\_

Pillows: \_\_\_\_\_ Pillow Case: \_\_\_\_\_ Alarm Clock: \_\_\_\_\_

### Bathroom items:

Bath Towels & Wash Cloths: \_\_\_\_\_

Shower Curtain, Shower Liner and Hooks: \_\_\_\_\_

Toiletry Kit:

Adult: Soap, Shampoo, & Tooth Brush, Toothpaste: Male \_\_\_\_\_ Female \_\_\_\_\_

Kid: Soap, Shampoo, & Tooth Brush, Toothpaste: \_\_\_\_\_

Toilet Plunger: \_\_\_\_\_

Toilet brush: \_\_\_\_\_

### Kitchen Items:

Plates, Bowls & Cups (set of 4): \_\_\_\_\_

Silverware (set of 4): \_\_\_\_\_

Pots & Pans (set or Individual): \_\_\_\_\_

Serving Dishes (set of 2): \_\_\_\_\_

Basic Kitchen Knives: \_\_\_\_\_

Can Opener: \_\_\_\_\_

Dish Cloths & Towels: \_\_\_\_\_

I am able to pick up requested household items at Vineyard Columbus: YES / NO

If No, would you want Transitions' volunteers drop-off items at home address? YES / NO

---

### Office Use:

Date Reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Review with referring Agent: Y / N \_\_\_\_\_ Notes: \_\_\_\_\_

Review with Applicant: Y / N Notes: \_\_\_\_\_

Approved: Y/N Partial/Full PKU/DEL Date: \_\_\_\_\_ Exchange Assigned: \_\_\_\_\_

Notes: \_\_\_\_\_

## FAQ

### What are the 2016 Federal Poverty guidelines?

Household Size	Poverty 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	\$73,460
8	40,890	\$81,780

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

### What are the item limits for individuals and families?

Household Size	Maximum Items			
	Bed	Bath	Kitchen	Total
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 3<sup>rd</sup> party statement (i.e. case worker, pastor) we won't be able to release any household items.*