





Her Place  
1568 West Main St  
Rock Hill, SC 29731

 [www.herplacesc.org](http://www.herplacesc.org)  
 [sfullerton@herplacesc.org](mailto:sfullerton@herplacesc.org)

Dear Applicant,

We are pleased you are applying to live at Her Place transitional home. Her Place is a long-term woman's only transitional home. You must be 18 years or older to apply. There will be no children in the residence.

Her Place is creating a community of women who will work, play, and reflect together in order to change their lives. The residents will come from a variety of experiences that have caused them to be homeless. You must be willing to live in a diverse community.

You may complete and submit this form online, or take a printout and send the completed application by **May 20<sup>th</sup>** either by mail or in person to the following:

**Mail to:** Her Place, P O Box 11405, Rock Hill, SC 29731.

Drop off at St. Mary's Outreach office or Pathways Community Center in Rock Hill.

Once we review your application, you will be scheduled for a personal interview. We are looking for honesty and openness. If you are accepted into the Her Place community, we expect that you will cooperate with our schedule of classes and activities. Residents will be responsible for cooking, cleaning, yard work, and other duties of living in a home. There will be rules. The program will take up to 24 months to complete. You must be willing to take the time to learn and grow into the woman God created you to be.

Her Place will help you with health exams, prescriptions, eyeglasses, dental work, psychiatric evaluations, or other necessities. Her Place is an opportunity for you to change your life, to discover your gifts, and to become a positive contributing member of society.

Blessings,

The Her Place Team



- Her Place
- 1568 West Main St
- Rock Hill, SC 29731

## Resident Application Form

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Alias or other names used (if applicable):** \_\_\_\_\_

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**Ethnicity (Choose from below)**  
 American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic, Latino or of Spanish origin  Native Hawaiian or other Pacific Islander  
 White  Other

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**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Person completing this application if other than applicant:** \_\_\_\_\_

**Indicate relationship to applicant:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

Please select the option that best describes your current living situation:  
 I am homeless  I am in Rehab/treatment program  I am incarcerated.  
 I am living in a halfway house  I am temporarily living with a family/friend.  
 I am staying in a shelter  Other.  
**Expected date of release** \_\_\_\_\_

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**FAMILY HISTORY**

Do you have children:  Yes  No

Please provide Names of Children	Ages of Children

If yes, do you have a custody arrangement in place?  Yes  No  
 I do not have custody of my children

**ADDICTION HISTORY**

Do you have a history with drug or alcohol addiction?  Yes  No

If yes, what have been your drug(s) of choice? \_\_\_\_\_

If yes, how long have you been sober/clean?  I am not sober  Less than 30 days  More than 30 days  More 90 days  More than 6 months  More than 1 year  More than 2 years

Describe any Inpatient, Intensive Outpatient, and /or Recovery program that you have participated in, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPLOITATION HISTORY**

Do you have a history of prostitution?  Yes  No

Have you ever experienced being trafficked?  Yes  No

**ABUSE RELATIONSHIP HISTORY**

Have been a victim of sexual abuse/assault?  Yes  No

Have you been a victim of domestic violence  Yes  No

Are you currently married or in a long-term relationship?  Yes  No

**MEDICAL HISTORY**

Do you have any physical disabilities or chronic(ongoing) conditions?

Please check all that apply.

Asthma  Cancer  Chronic Gum and or Dental pain  Diabetes  heart disease

Hepatitis C  HIV  High Blood Pressure  Respiratory difficulty  Mobility  Hearing

Sight  Other \_\_\_\_\_

Have you ever received treatment for a mental health diagnosis?  Yes  No

If yes, please describe the treatment for the mental health diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever attempted suicide?  Yes  No**

Are you currently taking any medications?  Yes  No

If yes, please list medications including any over-the-counter medications and reasons for their use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL JUSTICE HISTORY**

Have you ever been arrested and charged with any offense?  Yes  No  
If yes, what was the charge:

\_\_\_\_\_

Have you been charged as a sexual offender?  Yes  No  
If yes, please explain:

\_\_\_\_\_

Are you currently on probation?  Yes  No  
If yes, what are the provisions/restrictions?

\_\_\_\_\_

Do you have ANY warrants or pending charges in any state and/or county?  Yes  No  
 unsure  
If yes or unsure, please explain:

\_\_\_\_\_

List any charges or upcoming court dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION HISTORY**

What is your highest grade you have completed in school? \_\_\_\_\_

Is it safe for someone from Her Place staff to follow up with you regarding your application using the phone number provided?  Yes  No

If not, describe the best way to contact you? \_\_\_\_\_

Is there anything else that you would like to share with the team at Her Place?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIALITY**

Identity-related information is protected by our confidentiality policy, and any data collected on applicants will be used to further the mission of Her Place and for continuous improvement of the quality of the program and its services for program participants. Demographic data collected may be shared with researchers, community stakeholders, funding sources, or other qualified entities to accurately describe the backgrounds and demographics of populations served and the services rendered by Her Place. Data will also be used to track and quantify community impact, effectiveness of service, and to identify areas where improvement is needed. Whenever data is shared outside of Her Place organization, resident identities remain confidential. Confidentiality is Her Place's number one priority, to ensure the safety and security of the women in its program. Personal identifying information, such as full names, ages, birthdays, children or family names/information, contact information, and social security numbers belonging to residents are never shared outside the Her Place organization.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_