GHOLSTON HOLDING LLC

Transitional Housing Program - Application for Admission

Please complete all sections. Information is used to evaluate program eligibility, housing needs, and appropriate placement.

1. Applicant Information

Full legal name:	**Date of birth:**
Phone number:	**Email:**
Current address / current location:	**Preferred contact method:** [ ] Phone [ ] Email [ ] Other

2. Reentry / Supervision Information

Current status (check all that apply): [ ] Parole [ ] Probation [ ] Recently released [ ] Treatment / recovery program [ ] Other

Release date (if applicable):
Parole / probation officer or case manager name:
Agency / organization:
Officer / case manager phone and email:
County / jurisdiction:

Proof of parole/probation or other supervision status may be requested when applicable.

3. Referral Information

How were you referred? [ ] Parole/Probation Officer [ ] Case Manager [ ] Treatment Provider [ ] Self [ ] Other Agency

Referral source / contact name:
Referral source phone / email:

4. Housing Needs

Why are you seeking transitional housing at this time?

Desired move-in date:
Are there any supervision, treatment, work, transportation, accessibility, or other requirements that may affect placement? Please explain:

5. Program Readiness

Are you willing to follow all house rules and program requirements? [ ] Yes [ ] No

Are you willing to comply with curfew and other requirements established by parole, probation, or treatment providers? [ ] Yes [ ] No

Are you willing to maintain a respectful living environment with other residents? [ ] Yes [ ] No

Are you committed to working toward stability, employment/life skills when appropriate, and independent living? [ ] Yes [ ] No

Do you understand that smoking is not permitted inside program properties? [ ] Yes [ ] No

6. Emergency Contact

Emergency contact name and relationship:
Emergency contact phone number:

7. Additional Information

Please provide any additional information you believe would help us evaluate your housing needs and placement:

8. Applicant Certification & Authorization

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that submitting an application does not guarantee admission or placement. Placement is subject to eligibility review, program requirements, available space, and any applicable referral or supervision requirements. I authorize Gholston Holding LLC to contact the referral source, parole/probation officer, case manager, or treatment provider identified in this application as reasonably necessary to verify information related to my application and coordinate placement. This authorization does not authorize release of medical records or other specially protected records unless separately authorized as required by law.

Applicant signature:	**Date:**
Printed name:	**Staff initials (office use):**

Office Use Only

Date received:	Reviewed by:
Eligibility: [ ] Eligible [ ] Pending [ ] Not eligible	Interview date:

Placement status: [ ] Approved [ ] Waitlist [ ] Declined	Move-in date:
Notes:	

Return completed application to: Gholston Holding LLC | Email: gholstonholdingllc@gmail.com | Phone: 720-720-7765