

87 South Broadway, Yonkers, NY 10701 Tel: (914) 963-0640 x102 Fax: (914) 963-7103

Transitional Housing Program Application Form

Name: _____ Date of Birth: _____

Tel.#: _____ Alternate Tel.#: _____

Current Address: _____

Previous Address: _____

* (If less than one year at current address)

Status (check one): Student _____ Employed _____ Unemployed _____ Other: _____

Student: School/ College:
Address:
Course of Study:

Employed: Employer Name & Address: _____

Unemployed/Other: Source of Income _____

SSI, Public Assistance, Private funds, etc.

Name of Social Worker: _____

Telephone of Social Worker: _____

REFERENCES: (Not Relatives)

1) _____	_____
Name	Relationship
_____	_____
Address	Tel. #
2) _____	_____
Name	Relationship
_____	_____
Address	Tel. #
3) _____	_____
Name	Relationship
_____	_____
Address	Tel. #

I understand that the application for housing at the YWCA of Yonkers includes a personal interview. I understand that YWCA housing is transitional communal housing and I agree to comply with the standards, policies & procedures of the YWCA of Yonkers. I further understand that YWCA membership is a pre-requisite to participation in YWCA programs and services and I agree to maintain a current YWCA membership while housed at the YWCA of Yonkers.

Signed: _____ Date: _____



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Transitional Housing Program

Physical Exam Form

(To be completed by Physician, Physician's Assistant or Nurse Practitioner)

Name: _____ Date of Birth: _____ Date of Exam: _____

Address: _____

City

State

Zip

Summary of Physical Exam (including special recommendation to Service Provider)

On the basis of my findings as indicated above and on my knowledge of the above named, I find that she is free _____ not free _____ from any communicable disease.

(Please check one)

Signature of Examiner

Address

Name (please print)

City, State, Zip

Title

(____) _____ / ____ / ____
Telephone