



**Andrea's House**  
*Transitional Living for Women  
 and Children*

# Andrea's House

P.O. Box 4094  
 Frederick, MD 21705  
 (240)409-0450

**Executive Director:**  
**Carleah Summers**

**Director/CNA/Med Tech:**  
**Jessica Hayes**

## Housing Application

**\* All applicants must submit a negative COVID-19 Test\***

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

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

Application Date: \_\_\_\_\_ Desired Move in Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status:  
 \_\_\_\_\_

All Children- Names  
 and Ages:  
 Child/ren in your  
 care (must be 9yrs  
 old or younger to be  
 considered for  
 admission into the  
 program)

\_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you an alcoholic? YES  NO  Date of last drink: \_\_\_\_\_

Are you addicted to drugs? YES  NO  Date of last drug use: \_\_\_\_\_

Most recent \_\_\_\_\_

drug and alcohol urinalysis date and results. If positive, explain:

\_\_\_\_\_

**Education**

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Medical Information**

*Please list the following medical information:*

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medications/ Doses \_\_\_\_\_ → **If more space is needed**

Primary Doctor: \_\_\_\_\_ Number: \_\_\_\_\_

OBGYN: \_\_\_\_\_ Number: \_\_\_\_\_

Therapist: \_\_\_\_\_ Number: \_\_\_\_\_

COVID-19 Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

Hep C Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

HIV/AIDS Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

If Pregnant Due Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Current Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ :

May we contact your current supervisor? YES NO

\_\_\_\_\_

**Financial/Child Care Assistance**

- Employment
- Unemployment
- TCA
- SNAP (Food Stamps)
- TDAP
- SSI
- Disability
- Alimony
- Child Support
- Child/Day Care Provider
- Child Care Vouchers
- Other

\_\_\_\_\_

**Disclaimer and Signature**

***I certify that my answers are true and complete to the best of my knowledge.***

***If this application leads to admission into Andrea's House, I understand that false or misleading information in my application or housing interview may result in my exit from the Andrea's House program***

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

