Andrea's House, Inc.

Transitional Living for Women and Children
Frederick, MD
info@andreashouse.org
(301)473-2086

Case Manager:
Deirdre Raczkowski

Chief Executive Officer:
Carleah Summers

Housing Application

*** Please email all applications to info@andreashouse.org***

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 ☐

Do you have legal involvement? YES ☐ NO ☐

Do you have alcohol dependence? YES ☐ NO ☐

Date of last drink: _____

Do you have drug dependence? 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 I have completed the application in its entirety and that my answers are true and accurate, 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.

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Signature: _____ Date: _____