



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

Residential Manager:
Andrea Kuklinski

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.

Signature: _____ Date: _____

