



St. Vincent De Paul | Louisville PROGRAMS DESCRIPTIONS

We appreciate your interest in the programs of St. Vincent de Paul (SVDP). Our programs exist to help individuals and families escape homelessness and reach their maximum level of self-sufficiency. The following descriptions are provided to educate you on the various opportunities available at SVDP. Please read the following descriptions and complete, in-full, the application attached and return the completed application to the Administration Building at: 1015-C S. Preston Street, Louisville, KY, 40203. Please note that any falsification of information will result in the immediate rejection of the application. Applicants must contact SVDP, at minimum, every six months in order to remain on the housing waiting list. Removal from the waiting list does not prohibit applicants from reapplying and receiving services from SVDP in the future. If you have any further questions please contact SVDP at: **502-584-2480**.

Emergency/Transitional Shelter

- **St. Jude:** 30-bed transitional facility for single, homeless **women** committed to recovering from drug/alcohol addiction. Participation in JADAC programming is required. (431 E. St. Catherine St.; 584-2480 Ext. 333)
 - **Ozanam Inn Shelter for Men:** 24-bed emergency overnight shelter, 16-bed extended overnight program, 18-bed emergency recovery program and 32-transitional rooms. Participation in case management is required. (1034 S. Jackson St.; 584-2480 Ext. 241).
- MUST call Single Point of Entry for bed reservation 502-637-2337**

Permanent Housing: Single Room Occupancy

- **Roberts Hall:** 24-room permanent housing, single room occupancy for homeless **women**. Participation in case management is required. (**Applications MUST be submitted at 1032 East Burnett Avenue Louisville, KY 40217**)
- **SVDP Homes SRO:** 24-room permanent housing, single room occupancy for homeless, disabled **women**. Participation in case management is required.
- **Simon Hall:** 10-room permanent housing, single room occupancy for homeless, disabled **men**. Participation in case management is required.**

Permanent Housing: On Campus

- **DePaul Transitional Housing Program:** 12 two-bedroom apartments for **families**, who are homeless and disabled, and their children. Participation in case management is required.
- **SVDP Homes Single Apartments:** 10 single-bedroom apartments for **adults**, who are homeless and disabled. Participation in case management is required.
- **SVDP Homes Family Apartments:** 12 two-bedroom, and 8 three-bedroom apartments for **families** who are homeless and disabled, and their children. Participation in case management is required.
- **Tranquil House:** 12-unit efficiency apartment complex for **adults** with a mental health disability. A service coordinator is available to provide support services to residents.

Permanent Housing: Off Campus

- **Homes with Hope:** 9 scattered-site housing units for **families**, who are homeless and disabled, and their children. Participation in case management is required.**
- **CH2 (Follow-Up):** 15 scattered-site housing units for **single adults** who have been living in a place not meant for habitation or an emergency shelter for at least one year **or** are coming from a place not meant for habitation or an emergency shelter and have four or more episodes of homelessness in the past three years. Participation in case management is required.**
- **CHI (Follow-Up):** 10 scattered-site housing units for homeless, disabled **singles and families** (5-singles; 5-families). Participation in case management is required.**

****MUST complete Common Assessment to be placed on waiting list.**

St. Vincent de Paul conducts business in accordance with federal and local fair housing laws. We do not discriminate against any person based on race, color, religion, national origin, gender identity, disability, age, gender, familial status, or sexual orientation.





St. Vincent de Paul | Louisville Preliminary Housing Application

Name (please print) _____ Gender _____ DOB _____ Age _____ SSN _____ - _____ - _____ Race(Hispanic/Latino? ___)

Current Mailing Address _____

Primary Phone _____

Secondary Phone _____

How did you hear about St. Vincent de Paul?

Word of Mouth Internet Print Material Referred by: _____

How many people are in your household?

Single
 Household with _____ # of adults and _____ # of children
 Please identify the gender/age of each child: _____

Where did you sleep last night?

<input type="checkbox"/> Non-housing (street, park, car, etc.)	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Transitional housing (fleeing domestic violence)
<input type="checkbox"/> Institution (jail/prison, hospital, psychiatric facility) <input type="checkbox"/> From street/emergency shelter prior to institution <input type="checkbox"/> In institution for less than 90 days	<input type="checkbox"/> Transitional housing <input type="checkbox"/> From street/emergency shelter prior to transitional
<input type="checkbox"/> Other (please specify): _____	

Do you intend on sleeping at the above location until entering a SVDP program or other housing program/opportunity? Yes No If no, where else? _____

Have you been sleeping in a place not meant for habitation or an emergency shelter continually for one year? Yes No

How many different times have you been homeless in the past 3 years? _____

Have you ever been convicted of a felony offense? Yes No If yes, when? _____

Do you have an outstanding debt due to a prior eviction? Yes No If yes, how much? _____

Have you ever been evicted from public housing (Section 8, housing authority, etc...)? Yes No

Do you have a disability that significantly impedes your ability to obtain or maintain employment and/or housing? Yes No

If yes, please identify your disabling condition(s) below:

- Alcohol Abuse Drug Abuse Developmental Disability
- HIV/AIDS Mental Illness/Emotional Physical, medical or mobility

Do any other adult members or children in the household have a disabling condition(s)? Yes No

▪ If yes, please identify: _____

Are there any further mental or physical health concerns that have not already been mentioned? Yes No

▪ If yes, please explain: _____

By signing this, you authorize St. Vincent de Paul to contact relevant parties to verify information in order to determine your eligibility for our Programs and Services. Submitting an application does not guarantee services. Likewise, if your application is accepted, there may be a waiting period.

Applicant Signature _____

Date _____

<i>Staff use only</i>	
Reviewed/Added to Waiting List By _____	Date _____
Program(s) to which applicant qualifies:	
<input type="checkbox"/> Roberts Hall	<input type="checkbox"/> Tranquil House
<input type="checkbox"/> SVDP Homes SRO	<input type="checkbox"/> DePaul Apartments
<input type="checkbox"/> Does not qualify due to: _____	<input type="checkbox"/> SVDP Homes Family Apts
	<input type="checkbox"/> SVDP Homes Single Apts



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