



Application for Life Bridges Housing in Harlem Dowling Apartments  
 2139 Adam Clayton Powell, Jr. Blvd.  
 New York, NY 10027

- Managed Long Term Care (MLTC) Plan
- Health Home
- History of Domestic Violence

Marital status \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Primary Language Spoken \_\_\_\_\_ Citizenship \_\_\_\_\_

Mark all supports that the applicant is currently receiving:

- Social Security
- SSD/SSI
- Cash Assistance
- Medicaid
- Medicare
- Food Stamps
- Veterans
- Pension

<b>Important Contacts</b>			
Name (Last, First)	Relationship	Phone #	Alt. Contact

<b>Housing History</b>							
	Start Date	End Date	Housing Type	Facility Name	Street Address	City	State
Current							
Previous							
Previous							

Explain why the applicant requires supportive services/housing to prevent him/her from becoming homeless:

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**Medical Disorders**

General Medical Disorders, including significant Communicable Diseases (AXIS III) <input type="checkbox"/> No				
Diagnoses on AXIS III				
<i>The "Authorization for Release of Confidential HIV-Related Information" must be signed by the applicant if any HIV-related information is disclosed in the application. The HIV page must be completed attesting to the fact that the referring agency has on record the original signed release form.</i>				
Code	Description	R/O	H/O	S/P

Does the applicant have a diagnosis that limits activities of daily living?  No     Yes Explain:

Psychiatric Diagnoses: DSM-IV				
Clinical Disorders and Other Conditions that may be a focus of Clinical Attention (Axis I) <input type="checkbox"/> No				
Code	Description	R/O	H/O	S/P

Personality Disorders and/or Mental Retardation (Axis II) <input type="checkbox"/> No				
Code	Description	R/O	H/O	S/P

Current Medications (list names)	
Psychotropic	Non-psychotropic

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What level of support (if any) is required to maintain medication compliance?

Current Treatment Service Providers				
Institution Name	Provider/Contact Name	Phone #	Type	Modality

**Hospitalizations**

Age at first psychiatric hospitalization:  
 Estimated # of psychiatric hospitalizations in past 3 years:  
 Most recent discharge date:  
 Is the applicant currently hospitalized? No    Yes  
 Date of Admission:  
 Service:  
 Hospital name:

**Symptoms and Behaviors**

	Current	History	Never	Unknown
Homicidal Ideation/Attempts				
Suicidal Ideation/Attempts				
Violent Behavior				
Disruptive Behavior				
Criminal Activity/Arrests				
Arson/Firesetting				
Cognitive Impairment				
Hallucinations				
Delusions				
Thought Disorder				
Clinical Depression				

Is applicant currently abusing substances? No

If yes:

- Alcohol     Opiates     Amphetamines     Marijuana/Cannabis/THC  
 Cocaine     PCP     Crack     Sedatives/Hypnotics     Hallucinogens  
 Other \_\_\_\_\_

Frequency/pattern of abuse:

