December 8, 2014

Dear Mirror Reflections, Inc Applicant:

Thank you for considering Mirror Reflections Housing Program for you and your family. It is a place that you can call home as you care for your child(ren) and begin to reflect, pursue and realize your dreams.

To be considered a resident of the program you must meet the following requirements:

1. Pregnant and between the ages of 14-19 years of age, or a teen mother with infants and toddlers up to twenty-four months of age.
2. Willing to maintain and address chemically dependent issues, and must have at least 90 days of verified sobriety.
3. Willing to abide by the policies, guidelines and rules as established by Mirror Reflections
4. Fully, honestly, and properly complete a resident application in its entirety, with accurate, up-to-date information.
5. Willing to make up to a two year commitment to remain in the program, and utilize transitional support services for permanent housing upon program completion.

Please carefully review all information on the following pages and return forms to the appropriate staff. We look forward to reviewing your application and will contact you for an interview; provided the information submitted matches the criteria defined in the Mirror Reflections, Inc. program.

Sincerely,

Lori Thomas, Founder/CEO
ADMISSIONS CRITERIA

Mirror Reflections has established specific identifiable admissions criteria that are consistent with the Statement of Intended Use in part 2960.0040 of the Minnesota State Rules. Mirror Reflections will hire personnel with the expertise and qualifications needed in support of the services and program description.

Mirror Reflections’ targeted population will be served based on characteristics of residents as: cultural background, gender, age, medically fragile condition, legal status, including children in need of protection or services petition status, delinquency, and whether the resident is in the facility as a voluntary placement or self-referral. Mirror Reflections will meet the primary needs of each resident as defined in the statement of intended use.

Each applicant must complete the Resident Service Contract, the Home Placement Status, the Disability form, Personal Goals and Assessment and other supporting documents to make certain a complete and detail assessment for determining placement. Residents are urged to complete all documentation presented by Mirror Reflections at admissions, as thoroughly as possible to prevent delay of entry, to initiate personnel assignments (i.e.) case worker, and the prevent elimination of entry into program.
Name of Applicant: ____________________________________________ (Date of housing need)

List other names used by applicant: __________________________________________

Date of Birth ___________ Race/Ethnicity: ___________ *Social Security # [see below]

Marital Status ___ Single ___ Divorced ___ Separated ___ Married ___ Widowed

How can we contact you? __________________________________________________________

Referred by: ________________________________________________________________

**HOME PLACEMENT STATUS**

Current address: ______________________________________________________________

With whom/where are you currently living? __________________________________________

Last two previous addresses and length of time:
1. _____________________________________________ _____ yrs _____ months
2. _____________________________________________ _____ yrs _____ months

**VERIFICATION OF IDENTIFICATION**

(a photocopy will be required)

U.S. Citizen? Yes No

Type of photo ID ______________________________________________________________

Driver’s license #:____________ State ___ Expiration _____ Do you own/have a vehicle? ☐ Yes ☐ No

Year _____ Make_______________ Model __________________________

MN Resident? ☐ Yes ☐ No If yes, length of time? _____ yrs _____ mos

If no, previous State_______ Country_____________________

*In order to maintain your security, social security numbers are not submitted online. When you are contacted for an interview, please bring your valid social security card with you.

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EDUCATION

Do you have a high school diploma or GED Certificate?    □ Yes    □ No
What is the last grade in school you have completed? ____________________________

Do you have other degrees, certificates, special skills, or training? □ Yes □ No
If yes, please list_________________________________________________________

Have you applied for, or are you enrolled in college or any other post-secondary institution?
□ Yes  □ No
Name of school ___________________________________________________________
Location of school_________________________When did you enroll? ________________

What is your current status? (Freshman, sophomore, etc.) _______________________
When is your anticipated graduation date? _________________________________

What is your primary language? _________________________________

Do you speak any other languages? □ Yes □ No
    If yes, please list:________________________________________________________

What is your literacy status? □ Unable to read    □ Able to read    □ Able to read with support
EMployment HistorY

Are you able to work? □ Yes □ No

If unable to work, list reason(s) ____________________________

Include any/all verifiable information ____________________________

Are you currently employed? □ Yes □ No

If yes, name of company ____________________________ Phone ____________

Location ____________________________

Hours per week? ______ Amount of pay & schedule? ____________________________

(indicate ... per day/week/month/bi-weekly, etc)

Length of employment? ______ Job Title ____________________________

Counselor/supervisor/manager’s name ____________________________

Contact phone number ____________ May we contact this person? □ Yes □ No

If unemployed, are you currently seeking employment? □ Yes □ No

INCOME INFORMATIoN

What was your total household income last year? $__________

Current sources of income?
  Employment: Amount $__________
  Public Assistance: Amount $__________ Program? ____________________________
    (MFIP, Other)

  From which county do you receive public assistance? ____________________________
  For how long have you received public assistance in Minnesota? _________
  Caseworker’s name? ____________________________ Contact phone number ____________

Do you receive Social Security Disability? □ Yes □ No  If yes, amount $ _________

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