



[281] 717-4670 OFFICE
 [281] 220-6417 FAX

21421 CINCO PARK ROAD
 KATY, TEXAS 77450
 WWW.THEBALLARDHOUSE.ORG
 APPLICATIONS@CINCOCHARITIES.ORG

TEMPORARY HOUSING APPLICATION

CONTACT INFORMATION (***Please print clearly***)

Full Patient Name:			
Mobile Phone:		Home Phone:	
Email:		Date of Birth:	
Patient Address:		City, State, Zip:	
Primary Contact:		Primary Contact Phone:	
Emergency Contact:		Emergency Contact Phone:	
Patient Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Drivers License # / State:	

PHYSICIAN / DIAGNOSIS INFORMATION

Physician Name:		Physician Phone:	
Physician Email:		Physician Fax:	
Treatment Center / Hospital:		Patient ID#	
Inpatient / Outpatient:	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient	
Does Patient Use Assistance?	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other
Have any infectious diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe:
Use a Service animal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain:
Understand English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If No, what language?
Enrolled in a clinical trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe:
Diagnosis:			

PATIENT QUALIFICATION INFORMATION

Specific Dates Housing is Needed:		Start:	End:
Will treatment be repeated?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Been convicted of violent crime, crime against a child, theft or illegal drugs?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Are you currently on probation or parole?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Have a civil protective order against you?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Required to register on the State or National Sex Offender Registry?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Do you have other family members in Houston area?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Explain:	
Do you have transportation?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Religion (optional):		Ethnicity (optional):	
How did you hear about Cinco Charities?			

**** Patients, Caregivers, Family Members and Guests will be required to present proof of identification upon check-in. ****

BUILDING A COMMUNITY OF CARE AND SUPPORT.

Cinco Charities Guest Services Housing Application for The Ballard House 02.25.14



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CINCO CHARITIES TEMPORARY HOUSING GUIDELINES

Full Name:	
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Initials	* LEGAL NOTICE*
	Please read, acknowledge your understanding of, and agreement to, the conditions of your application with Cinco Charities® for a personal license to use Cinco Charities Ballard House as temporary housing. By initialing to the left and signing below; you are acknowledging that you understand and are agreeing to all of the Cinco Charities Ballard House Guidelines.
	All Guests agree to indemnify and hold Cinco Charities, its officers, directors, agents and assigns harmless from any and all liability of any kind whatsoever arising out of or in any way connected with their stay at any Cinco Charities facility.
	You understand, acknowledge and agree that your use of Cinco Charities Ballard House or other lodging is a personal license only that may be terminated at any time by Cinco Charities®. Your occupancy of Cinco Charities Ballard House is not a lease nor does it constitute a tenancy of any kind. If you fail to vacate Cinco Charities Ballard House when requested, you will be trespassing.

Initials	APPLICATION AND REFERRAL
	All referrals must be confirmed and approved by a Katy or Houston area (1) hospital or medical facility, (2) a physician or social worker, or (3) a community service or outreach organization.
	The Cinco Charities® Housing Program is reserved for patients (“Guests”) and their families (“Caregivers”) who must travel to the Katy or Houston area for treatment, regardless of whether services are considered inpatient or outpatient.
	Guests must have a back-up plan. All services depend on the availability of housing accommodations.
	All applications for services must be completed and received no later than seven (7) days prior to housing need. Complete application must provide all appropriate Guest and Caregiver information, Signature of Social Worker or Referring Physician with contact numbers, and Specific Dates of treatment.
	The length of stay approved will be determined by Cinco Charities® after review and verification of dates submitted for housing up to 90 days. Validation is at the discretion of Cinco Charities® and unconfirmed treatment will result in dismissal from Cinco Charities® Housing assistance. Cinco Charities® provides Temporary Housing; it is not a long term-care facility.
	Each stay requires the completion of a new Application and Housing Guidelines and approval from Cinco Charities®.
	All Patients, Caregivers, Family Members and Guests will be subject to background checks and verification of all information provided.
	Approved Guests must notify Cinco Charities® at least 24 hours in advance of their arrival and departure to confirm dates and times at 281-717-4670.
	If there is a change in travel plans, it is the Guest’s responsibility to notify Cinco Charities® as soon as possible and not later than 24 hours prior to scheduled arrival at 281-717-4670. Failure to make notification may cause Guest to forfeit the ability to receive future services.
	It is the responsibility of the Guest to notify Cinco Charities® no less than 24 hours before any absence during an approved stay. If the Guest is absent for more than three days in a seven day period the reservation will be cancelled and Guest will need to re-apply for a new stay period, unless Cinco Charities® has previously approved a separation in the stay.

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CINCO CHARITIES TEMPORARY HOUSING GUIDELINES

Initials	CONDITIONS GUEST AND CAREGIVER MUST ACCEPT
	Guests or family members who fail to adhere to the Cinco Charities® Ballard House Guidelines will have their license terminated and are subject to immediate dismissal from the housing provided and may become ineligible for future housing assistance. A Guest and his/her Caregiver may have his/her license terminated and be asked to leave the housing provided if the Guest, Caregiver, a family member, friend or other invitee fails to adhere to the Housing Guidelines.
	Anyone in treatment needs to have a Caregiver accompany them at The Ballard House.
	All Caregivers must be 18 years of age or older.
	Guests are responsible for all of their own transportation.
	All personal charges, including but not limited to phone calls, room damages, movies, entertainment or any other amenities that have a fee and any items damaged or taken from the facility are the Guest's sole responsibility and may be charged against the deposit put up by the Guest. The Guest's deposit will not be returned or if on a credit card, released until Cinco Charities® has inspected the Premises for damages after the stay, and determined if there are any charges against, in connection with the stay for which the Guest is responsible. If such charges are found, then Cinco Charities® will provide a written statement outlining the same to the Guest.

Initials	THE BALLARD HOUSE RULES
	Check-In Time will be by appointment between 3:00pm – 6:00pm. No late check-ins. Checkout time is 11:00am. Keys will be returned as instructed.
	Upon or prior to arrival, Cinco Charities® will collect a \$100 deposit in check or credit card to be held until Guest checks out and the premises inspected for unpaid charges, damages or loss. A current photo ID of all persons is required for Check-in.
	This is a Non Smoking Facility . Smoking in any room is prohibited. Smoking is permitted in one exterior designated area. No grace here; if you choose to ignore this guideline, you will have automatically checked yourself out of The Ballard House.
	Pets, alcohol and any illegal substances are not permitted on premises.
	Prescription medications must be locked in your room at all times.
	No firearms or weapons of any kind are allowed on premises, including, without limitation, concealed weapons that are licensed.
	As a matter of respect and sanitation, guests, caregivers and visitors are required to dress in the common areas in a matter that will not cause others any level of discomfort or embarrassment. Other guests, maintenance individuals and Cinco Charities® Board members may visit the home at anytime.
	No more than one vehicle per Guest will be allowed.
	A fully equipped kitchen is available for your use. Guests must provide their own food and keep the kitchen clean at all times. Do not leave dishes in the sink or uncovered foods in the refrigerator, pantry or countertops. Clean all items used and remove all food before checkout.
	Guests must dispose of their own trash in the on-site dumpster.

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Cinco Charities Guest Services Temporary Housing Guidelines 02.25.14



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CINCO CHARITIES TEMPORARY HOUSING GUIDELINES

	Use of the washing machine and dryer are available free of charge. Guest must provide laundry detergent, bleach and fabric softeners.
	TV, local phone and Internet will be available in the common living area to share with other house Guests.
	Guests must provide all of their own personal hygiene products, hand and bath soap, shampoo, toothpaste, personal cleaning and bathroom products. Remove all personal items before checkout.
	Guests are responsible for keeping the home clean during their stay and will be assigned daily chores.
	Bedding and towels will be provided upon check-in. Prior to checkout the Guest is responsible for cleaning all areas used, including putting all linens and towels in the washer.

Initials	APPROVAL BY CINCO CHARITIES, INC.
	Cinco Charities® will notify Guest by the preferred contact method indicated by you no later than 24 hours before the requested arrival date whether the application has been approved and lodging is available. If they have not been notified by such time, they should contact Cinco Charities® at 281-717-4670.
	The patient's written permission is required to contact the referral source, physician or hospital to verify your application.
	Cinco Charities® is not responsible, for lost, left-behind or stolen items, or for injuries suffered or for accidents on the premises.
	Any person who, in the sole opinion of Cinco Charities® has been, is or is likely in the future to be disruptive or harmful to other Guests, the operation of the house, or the environment must vacate the Premises immediately upon the request of Cinco Charities® and failure to do so will result in such person or persons being guilty of trespass.
	I understand that I am a Guest of the Cinco Charities House under a personal license and will vacate the premises immediately if asked to do so by the Cinco Charities® representative. If I fail to leave the house within three (3) days from the date requested. I agree that I will be responsible for and will pay a fee of \$150/day for each day thereafter until the Premises are fully vacated. I understand that the \$150/day fee constitutes liquidated damages for my failure to leave and agree that it is a reasonable amount to compensate Cinco Charities® for the damages it will suffer as a result of my failure to vacate when requested.
	In conjunction with this application, I agree and consent to a background check being performed on me by Cinco Charities or its agent which may include all or some of the following: performing a criminal background check; and obtaining such additional background information as Cinco Charities deems necessary. I hereby authorize any party contacted by Cinco Charities, Inc. to furnish all requested information and that a copy of this authorization with my signature shall have the same authority as the original. To the best of my knowledge all information contained in this application is accurate.

Guest Name:	Guest Signature	Date:

Cinco Charities verified all applications with the submitted referral source to determine eligibility. By submitting this application, you are authorizing Cinco Charities to verify with the referral source and the physician or hospital the information submitted herein.

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APPLICATION FOR CAREGIVERS, FAMILY AND FRIENDS

**Cinco Charities requires ALL visitors and guests to consent to background checks before housing can be approved.
 Please print and complete this form for each person visiting the facility.**

In conjunction with this application I agree and consent to a background check being performed on me by Cinco Charities or its agent which may include all or some of the following: performing a criminal background check; and obtaining such additional background information as Cinco Charities deems necessary. I hereby authorize any party contacted by Cinco Charities, Inc. to furnish all requested information and that a copy of this authorization with my signature shall have the same authority as the original. To the best of my knowledge all information contained in this application is accurate.

CAREGIVER/FAMILY MEMBERS/FRIENDS INFORMATION

Please provide information on all caregivers, family members, friends and any guests that will either visit or stay with the Patient.
 ** PLEASE PRINT CLEARLY**

Full Name:			
Address, City, State & Zip:			
Driver's License # / State:		Date of Birth:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Have any infectious diseases?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Understand English?	<input type="checkbox"/> No <input type="checkbox"/> Yes		If No, what Language?
Has the Caregiver, Family Member or Friend ever:			
Been convicted of a violent crime, crime against a child, theft or illegal drugs?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Currently on probation or parole?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Have a civil protective order against you?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	
Required to register on the State or National Sex Offender Registry?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	

Patient Printed Name:	Visitor Arrival Date	Visitor Departure Date
Visitor Printed Name	Visitor Signature	Date

Background Verified by Cinco Charities®		
	Authorized Agent	Date

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REFERRAL CONFIRMATION

All referrals **MUST** come from a Katy or Houston area (1) hospital or medical facility, (2) physician or social worker, or (3) service or community outreach organization. The patient's written permission is required to contact the referral source, physician or hospital to verify their application. Once the patient's treatment has been confirmed by the referral source, Cinco Charities will review the application for approval and contact the patient with the status of his/her application. All patients, caregivers, family members and guests will be subject to background checks and verification of all information provided.

Patient Name	Patient ID#	From Date	To Date
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Referring Hospital, Physician or Service Organization:	
Referred Signature:	
Referrer Direct Phone Number:	

Submit by fax to 281.220.6417 or by email at applications@cincocharities.org.

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