



FAMILY RESOURCE HUB



SHELTER/TRANSITIONAL HOUSING

COMPILED BY
www.educaredc.org

IMPORTANT INFORMATION AND FACTS ABOUT HOMELESS SERVICES



WHAT IS VIRGINIA WILLIAMS FAMILY RESOURCE CENTER?

Virginia Williams Family Resource Center (VWFRC) is the central point of intake for families experiencing homelessness or at risk of homelessness in the District. Families may go to VWFRC to apply for preventative and emergency services.

WHAT SERVICES ARE OFFERED AT VWFRC?

Families seeking emergency assistance around their housing instability are assessed to determine the severity of their needs. VWFRC is not a shelter. Eligible families receive services such as prevention resources, including emergency rental, or temporary emergency shelter.

WHO IS CONSIDERED HOMELESS ?

Families currently facing housing instability must complete an assessment to determine their needs and appropriate resources. The staff at **VWFRC** have been trained to respond to families' needs based on the results of this assessment. The **VWFRC** team will work with the family to support them in moving to safe, stable, and appropriate housing as quickly as possible.

WHERE DO I GO IF I'M IN NEED OF HOMELESS SERVICES?

VWFRC serves as the central point of intake for families experiencing housing instability in the District of Columbia. **VWFRC** is located at 920-A Rhode Island Avenue, NE, Washington, DC 20018.

WHEN CAN I GO TO VWFRC?

The **VWFRC** is open Monday- Thursday from 8:30 a.m. until 4:00 p.m. and Friday, 8:30 am - 12:00 noon. The telephone number is **202.526.0017**. After business hours, families can call the Shelter Hotline for information about services and resources at **202.399.7093** or **311**.



SHELTERS

IN WASHINGTON DC

WOMAN AND
CHILDREN

TRANSITIONAL/ SUPPORTIVE HOUSING

ORGANIZATION	WEBSITE	PHONE NUMBER	ADDRESS
CALVARY WOMEN'S SERVICES	https://www.calvaryservices.org/program/housing/	(202)678-2341	1217 Marion Barry Ave. SE
N STREET VILLAGE	https://www.nstreetvillage.org/housing-community/	(202)939-2076	1333 N Street, NW
HOUSE OF RUTH	https://houseofruth.org/housing/	(202)597-5846	5 Thomas Circle NW, 4th Floor

HOMELESS SHELTERS

SHELTER
HOTLINE
202-399-7093

NAME OF SHELTERS	PHONE NUMBER	ADDRESS
HARRIET TUBMAN	202-795-9966	1910 Massachusetts Ave SE, Washington DC 20003 (Ward 7)
HYACINTH'S PLACE	202-618-3345	1060 Bladensburg Rd NE, Washington DC
PAT HANDY SWING	202-878-6072	1009 11th street NW (Ward 2)
ST. JOSEPHINE BAKHITA	202-829-0420	6010 Georgia Ave NW (Ward 4)

SHELTERS

MEN ONLY

IN WASHINGTON DC

TRANSITIONAL/ SUPPORTIVE
HOUSING

ORGANIZATION	WEBSITE	PHONE NUMBER	ADDRESS
COALITION FOR THE HOMELESS (THE WEBSTER HOUSE)	https://dccfh.org/programs/transitional-housing/	202-347-8870	1234 Massachusetts Ave, NW, Suite C-1015 DC, Washington 20005
PARK ROAD	https://dccfh.org/programs/transitional-housing/	202-328-9680	1318 Park NW
LA CASA		202-882-1237	1131 Spring Rd NW

HOMELESS SHELTERS

SHELTER
HOTLINE
202-399-7093

NAME OF SHELTER	PHONE NUMBER	ADDRESS
801 EAST MEN'S SHELTER	202-561-4014	2722 Martin Luther King Jr Ave SE (Ward 8)
ADAMS PLACE	202-832-8317	2210 Adams PL NE (Ward 5)
NEW YORK AVENUE	202-281-3884	1355 New York Ave NE (Ward 5)
EMERY	202-599-1116	1725 Lincoln Rd NE (Ward 5)

SHELTERS

YOUTH ONLY

IN WASHINGTON DC

TRANSITIONAL/ SUPPORTIVE
HOUSING

ORGANIZATION	WEBSITE	PHONE NUMBER	ADDRESS
COVENANT HOUSE	https://www.covenanthousegw.org/	202-610-9600	2001 Mississippi Ave, SE
SASHA BRUCE YOUTHWORX	https://www.sashabruce.org/safe-homes/	202-675-9340	741 8th street SE
ZOE'S DOORS	http://dcddoors.org/?page_id=1584	202-248-2098	900 Rhode Island Ave NE

HOMELESS SHELTERS

SHELTER
HOTLINE
202-399-7093

NAME OF SHELTER	PHONE NUMBER	AGES	ADDRESS
COVENANT HOUSE (THE SANCTUARY)	202-610-9600	18-24	511 Mellon Street SE
SASHA BRUCE (BRUCE HOUSE)	202-546-4900	17 and under	Call for entry*
HEALTHY BABIES (MURIEL'S HOUSE)	202-396-2809	Pregnant/Parenting teens 16-21	Call for entry*
COVENANT HOUSE (THE SHINE)	202-506-2432	LGBTQ 18-24	Call for entry*
SASHA BRUCE (PHILIP REID'S HOME)	202-948-2869	18-24	Call for entry*

SHELTERS

SOBRIETY

IN WASHINGTON DC

TRANSITIONAL/ SUPPORTIVE
HOUSING

ORGANIZATION	WEBSITE	PHONE NUMBER	ADDRESS
HOUSING UP	https://housingup.org/	202-291-5535	5101 16th Street NW
JUBILEE HOUSING	https://jubileehousing.org/	202-299-1240	1631 Euclid Street NW
HOLY COMFORTER	https://communityactiongroup.org/	202-543-4558	901 Pennsylvania Ave SE

STABILIZATION CENTER

SHELTER
HOTLINE
202-399-7093

NAME OF CENTER	PHONE NUMBER	ADDRESS
DC STABILIZATION CENTER	202-839-3500	35 K street NE

DC's First Stabilization Center

Location: 35 K Street NE | Hours of Operation: Walk-in available 24-7

What is it?

The Stabilization Center provides emergency crisis intervention, typically lasting 24-72 hours, for those experiencing substance use disorder. Services are provided to those who are 18 years and older and are free of charge with no insurance or residency requirements necessary.

The DC Stabilization Center offers:

Specialty care:

- Patients receive an individualized treatment plan based on an initial observation
- The center offers approved medication (buprenorphine) on the spot which, when combined with counseling, is effective in the treatment of opioid use disorders and can help some people sustain recovery

Empathetic care:

- Peer specialists trained in cultural competency work one-on-one with patients to navigate their recovery and refer them to appropriate long-term treatment options
- No one is ever turned away from services and services are provided in English and Spanish to support a wider group of individuals
- A team of on-site multidisciplinary care providers such as nurse practitioners, registered nurses, certified peers, recovery coaches, and patient care technicians will link the patient to resources that can help sustain their health after discharge, such as housing assistance, help with filling out paperwork, or help with reinstating insurance

A safe space and environment to recover:

- The facility features recliners or patient beds in a comfortable, quiet, private setting to begin the stabilization process
- Patients can lock personal items in a secure locker during the intake process
- Patients are closely monitored by medical professionals and staff throughout the course of the stabilization process, including medical screenings and observations

Pathway to long-term recovery:

- Patients receive referrals and placements into long-term treatment options
- Individuals are connected to ongoing substance use disorder treatment at one of the 29 DBH-certified provider locations across DC in all eight wards

What are the benefits of the stabilization center?

- Provides relief for hospital emergency rooms and emergency psychiatric centers
- Offers a cost-effective and time-effective alternative to ER visits for intoxication
- Individuals who receive care at the Stabilization Center can get connected to long-term care and other resources and programs that support recovery
- Gets people the “right care, right now” and prevents escalation to other harmful or dangerous behaviors
- Increases the chance that the intoxicated individual will be open to receiving care

FACT: In 2022, DC Fire and EMS made 3,800 transports to the hospital with individuals that were experiencing acute intoxication.

Learn more about DC's Stabilization Center at dclistabilizationcenter.com or by calling (202) 839-3500





Menu Close

Clear Search Input Search

- [About](#)
 - [About Us](#)
 - [Our Mission](#)
 - [Our Leadership](#)
 - [Diversity, Equity and Inclusion](#)
 - [Our Stories](#)
 - [Financials](#)
 - [Our Locations](#)
 - [Our Pledge to Donors](#)
 - [Contact Us](#)
 - [Contact Development](#)
 - [Press Room](#)
 - [In The News](#)
 - [Publications](#)
 - [Calendar](#)
 - [Volunteer Activities](#)
 - [Donor Events](#)
 - [SHARE Food Network](#)
 - [Programs & Services](#)
- [Get Help](#)
 - [Get Help](#)
 - [Find Help By Location](#)
 - [Washington, D.C.](#)
 - [Montgomery County, Md](#)
 - [Prince George's County, Md](#)
 - [Calvert County, Md](#)
 - [Charles County, Md](#)
 - [St. Mary's County, Md](#)
 - [Find Help by Type](#)
 - [Care for Families & Children](#)
 - [Developmental Disabilities Services](#)
 - [Engagement For Individuals](#)
 - [Food Services](#)
 - [Health Care & Mental Health Services](#)
 - [Housing & Shelter](#)
 - [Immigrant & Refugee Services](#)
 - [Job Training & Employment Services](#)

Don't know the help you need?

You can use our search to find detailed information about all our services or find the closest needed assistance to you.

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 - Volunteers enhance and expand our work. People of all faiths can share their talents once, volunteer multiple times or pledge a year-long contribution of their time.
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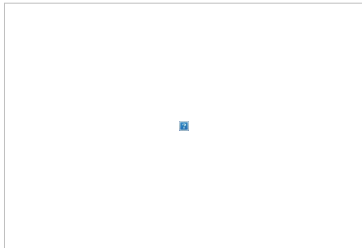
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Close Search

[Home](#) > [Program Finder](#) > [Housing & Shelter](#) > Adam's Place Emergency Shelter

Adam's Place Shelter

Adam's Place is a low-barrier shelter open to anyone who identifies as male age 18 years and older.



About the Program

Located in Northeast D.C., the low-barrier shelter offers a hot dinner, access to case management staff, housing and financial counseling, showers and a bed on a nightly basis. It has been open 24 hours since the start of the pandemic.

The shelter offers a 12-hour and a 24-hour program, depending on the client's willingness to participate in the shelter's services. The 24-hour program is known as Work Bed Program in which clients who work at least 20 hours a week have access to case managers to achieve specific goals.

Shuttle service to downtown Washington is provided several times a day to assist clients in getting to and from work, day programs and other resources.

Shelter hours are extended when special weather alerts are issued by D.C. government. The shelter serves as a hypothermia emergency shelter during the coldest months of the year, from November to March.

Contact Information

- 2210 Adam's Place NE, Washington, DC 20018
- 202-932-8217
- [D.C. Shelter Hotline 1-800-535-7252](#)

Message



Catholic Charities of the Archdiocese of Washington

- [624 G St. NW, Washington, D.C. 20001](#)
- [202-772-4100](#)
- GedHelp@ccc-dc.org

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[Mayor Muriel Bowser](#)

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Sort by:

Relevance

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Date

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Office Hours

Monday to Friday, 8:45 am to 4:45 pm, except District holidays

Connect With Us

441 4th Street, NW, Suite 729 North, Washington, DC 20001

Phone: (202) 724-5055

Fax: (202) 727-9484

TTY: (202) 727-3363

Email: odr@dc.gov



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Housing Resources and Emergency Shelter

Department of Housing and Community Development (DHCD)

1800 Martin Luther King Avenue, SE, Washington, DC 20020

Phone: (202) 442-7200

Fax: (202) 645-6727

TTY: 711



Email: dhcd@dc.gov

Hours: Monday to Friday, 8:15 am to 4:45 pm, except District holidays

DC Housing Authority (DCHA)

1133 North Capitol Street, NE

Washington, DC 20002

Phone: (202) 535-1000

TTY users may call DC Relay at (202) 855-1234.

Hours: Monday to Friday, 8:30 am to 4:30 pm

The District of Columbia [public housing portfolio](#) consists of more than 8,000 apartment or townhome units in 56 properties owned and managed by the District of Columbia Housing Authority (DCHA). DCHA serves as the landlord for close to 20,000 residents who call public housing home.

Public housing units provide very low-income families, seniors and persons with disabilities with the financial assistance they need to live in affordable rental homes. There are income requirements for public housing and priority is given to those who are in greatest need. Contact the [DC Housing Authority](#) for more information.

Pathways to Housing

101 Q Street Northeast

Washington, DC 20002

Phone: (202) 529-2972

Fax: (202) 529-2976

Pathways to Housing provides independent housing with case management and other needed community services to individuals who are homeless, diagnosed with significant behavioral health issues and have a steady source of income.

Phyllis Wheatley YWCA

901 Rhode Island Avenue, NW

Washington, DC 20001

Phone: (202) 667-9100

Fax: (202) 319-3595

Private furnished rooms are available for adults 18 and over. The kitchen, bath and laundry are shared. Room rates are \$490, \$550, and \$600 per month. \$10 membership fee, \$25 application fee, and \$100 security deposit are required.

Missionaries of Charity, Queen of Peace

3310 Wheeler Road, SE

Washington, DC 20032

Phone: (202) 562-6890 or (202) 562-5157

Housing provided for pregnant women and their children under the age of 3. Women are required to leave 6 weeks post-delivery of the infant. In person interview is part of the application process. Women under 18 must have parental consent.

Virginia Williams Family Resource Center (VWFRC)

920-A Rhode Island Avenue, NE

Washington, DC 20018

Phone: (202) 526-0017 or (202) 526-1833

Intake services provided to District of Columbia homeless families. The following documents are required at the intake interview: picture identification, social security card, a birth certificate for each family member, statement of income (SSI,

TANF eligibility, W-2 form or paystub) writ of eviction, or statement of homelessness if living temporarily with relative or friend. The VWFRC is open from 8 am till 5 pm. Services are provided on a first come first served basis.

DC Emergency Shelter Hotline

United Planning Organization (UPO)

Phone: (202) 399-7093

Toll Free: (800) 535-7252

This is a gate keeping and transportation service for District residents seeking homeless shelter services. UPO manages hourly totals of the number of shelter beds available for both singles and families. UPO operates hypothermia vans that respond to individuals and families in need of immediate shelter during the winter months.

Covenant House

2001 Mississippi Avenue, SE

Washington, DC 20020

Phone: (202) 610-9632 or (202) 561-3850

This structured living program is for homeless District residents between the ages of 18 to 21. The program is designed so that participants may live independently with stability.

Hope and a Home

1439 R Street, NW

Washington, DC 20009

Phone: (202) 387-7091

Fax: (202) 387-7097

This program offers transitional housing for homeless families.

Latin American Youth Center (LAYC)

3031 Fifteenth Street, NW

Washington, DC 20009

Phone: (202) 319-2621

Fax: (202) 797-1502

Emergency shelter provided for young men and women in foster care or who are homeless or in immediate danger of becoming homeless and seeking a transitional independent living program for young adults. Services are available to young adults regardless of cultural or ethnic background.

Housing Counseling Services Incorporated

2410 Seventeenth Street, NW

Washington, DC 20009

Phone: (202) 667-2681

Fax: (202) 667-0862

This agency provides independent living and emergency housing assistance for persons and their families with HIV⁺/AIDS in the District of Columbia.

District Alliance for Safe Housing Incorporated (DASH)

Post Office Box 91730

Washington DC 20090

Phone: (202) 462-3274

Fax: (202) 269-0528

The District Alliance for Safe Housing Incorporated (DASH) was founded in 2006 to provide relief to survivors of domestic and sexual violence, through emergency and long-term safe housing, and innovative homelessness prevention services.

My Sister's Place

Post Office Box 29596

Washington, DC 20017

Hotline: (202) 529-5991

Phone: (202) 520-5261

Fax: (202) 529-5984

Domestic violence shelter for women and children (boys must be under the age of 12). Meals, employment guidance, and legal service referrals are provided to families.

Courtney's House

Post Office Box 12054

Washington, DC 20005

Toll Free 24-Hour Hotline: (888) 261-3665

Outreach, protection and support for children and minors who are victims of domestic sex trafficking in the greater DC area. A safe group house is provided for girls between the ages of 12 to 17.

Different Avenues

1419 V Street Northwest

Washington, DC 20011

Phone: (202) 829-2103

Fax: (202) 839-2104

This agency provides a Drop in Center with healthcare, legal services, substance abuse treatment, and housing support for gay, lesbian, bisexual and transgender (GLBT) who are homeless or in insecure housing.

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+

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**THE SALVATION ARMY'S
TURNING POINT CENTER FOR WOMEN AND CHILDREN
2022 APPLICANT REFERRAL**

REFERRAL CHECKLIST

Dear Provider:

Use this checklist as a guide to ensure your referral packet is complete. Completed referrals, along with this checklist and all required attachments are due to Turning Point Center Program Director prior to the selection of an Intake Information Session Date. When an Intake Information date is selected, the potential candidate will be responsible for RSVP'ing for attendance at the information session. No last-minute referral or RSVP's will be accepted without prior acknowledgement and approval of the Program Director. Referred applicants should arrive early on the schedule Intake Information Session Day to ensure their referral has been reviewed prior to session start time. **No children over the age of 6 months are allowed at the Intake Information sessions** and follow-up will be given to the referring representative regarding their applicant's next steps. **Please note due to COVID-19 all in- person has been suspended to virtual Zoom model.**

This referral packet contains the following:

- Part I, Referrer's Information
- Part II, Family Information
- Part III, Applicant's Statement of Understanding (Program), signed and dated
- Part IV, Applicant's Statement of Understanding (Release of Information), signed and dated
- Part V, Referrer's Statement of Understanding, signed and dated

RSVP's to the Intake Information Sessions can be emailed to Ncvncc.tpc@uss.salvationarmy.org
Any questions on the referral or application process can be directed to the Office Administrator via telephone at (202) 250-7720

PART I: Referrer's Information

Name of Person Completing Referral:



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Position or Title:

Referring Agency:

Date Completed: _____ Referrer’s Phone Number: _____

Referrer’s Email:

Date you began working with applicant: _____

Will this applicant receive on-going services if accepted into Turning Point Center: _____

If yes, please explain:

PART II: Family Information (to be completed by person making the referral)

Please answer the following questions for the family you are referring to Turning Point.

1. Applicant Name: _____

2. Date of Birth: _____ Driver License or ID Number: _____

3. Primary Phone # (with voicemail): _____

4. Alternate Contact Phone(s):

5. Applicant’s Email:

6. Number of Children (please include gender):

On a separate attachment, please answer the Family History questions below. Be sure to put the question number and corresponding label for each answer, beginning with 1. Family’s Housing History, and so on. The attachment must list and contain all items from 1 through 16. If an item is not applicable write “Applicant denies _____” Please DO NOT write N/A. If any item is missing the application will not be accepted.



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FAMILY HISTORY

1. **Family's Housing History.** Briefly describe the applicant's family housing history, including housing stability and the reason for current homelessness; has the applicant ever had her name on lease? Has she ever been evicted?
2. **Children's Information.** For each child in the family, provide name, age and description of current status (e.g. school or daycare enrollment, foster care/kinship care placement, etc.); if the applicant is pregnant, indicate due date.
3. **Education.** What is the applicant's highest grade completed? List any other training or educational programs attended, including dates attended and completion dates, certificates earned, etc.
4. **Employment History.** Describe the applicant's work history and experience. List jobs held, including dates of employment, average hours per week worked, salary, etc. If not currently employed, include reasons unemployed.
5. **Current Wages/Income.** Please indicate whether the applicant has or receives verifiable income at this time. Verifiable income is defined as one or more of the following: TANF, SSI/SSDI, Employment Wages, or Child Support. Is the client currently employed?
6. **Medical Information.** List any current medical conditions for applicant or children, including on-going treatment.
7. **Legal Issues.** Describe any current or past involvement with the criminal justice system in any capacity by applicant, children's father(s), etc. and current status of case/situation.
8. **Support Systems/Significant Relationships.** List significant relationships that exist for the applicant and how they might impact the applicant's progress in the program.
9. **History of Abuse.** Describe any information about sexual, physical, and/or verbal abuse within the family (applicant and/or children) including any involvement with the child welfare/foster care system, domestic violence services, etc.
10. **Substance Use/Abuse History.** Describe any current and/or past substance use and/or treatment, participation in NA/AA, etc.; include current clean time and recovery info if relevant. Applicants with a drug history, must prove six month clean time.



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- 11. Mental Health History.** Describe any current and past mental health conditions, diagnoses or concerns for the applicant and/or children; provide info on connection to/participation in any Mental Health services, inpatient or outpatient treatment, etc., including treatment dates/timeframes.

- 12. Current Family Functioning.** Describe the applicant's ability to function in daily living, including successes in establishing and achieving goals, as well coping mechanisms when confronted with disappointments and/or crises.

- 13. Benefits of Program.** Describe how you think this family will benefit from the Turning Point program.

- 14. Barriers.** Identify and explain potential barriers faced by this family to progress toward goals and success in the program.

- 15. Family Strengths.** Describe the strengths that this family has to help them achieve their goals.

- 16. Other Relevant Information.** Provide any other relevant information about the applicant and/or children.



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APPLICANT ONLY

PART III: Applicant’s Signed Statement of Understanding. Review the following with applicant. Be sure they initial each item below, and then sign and date. The referral will not be accepted without the applicants initials and signature.

_____ I will be between the ages of 18 and 24 as of New Resident Orientation.

_____ I have 1 to 4 children, or if pregnant, will have no more than 4 children after giving birth.

_____ If I do not have children, I can provide verification from my doctor that I am pregnant.

_____ If I have a history of substance abuse, I can document at least 6 months clean time.

_____ If I have a history of mental illness, I can document connection to mental health services and compliance with treatment recommendations for at least 6 months.

_____ I understand that this referral is just the first step in the Application Process and that I am not officially accepted into the program until I complete all steps of the Application Phase, including attending an Intake Information Session to learn more about the program requirements, attending 2 interviews (if selected to be interviewed), providing all necessary documentation and fees if accepted into the program, and attending a New Resident Orientation.

_____ I understand that Turning Point is not just low-income/income based housing. **I understand it is a program first with mandatory program components, including curfew and evening classes, which will not be waived for any reason, including evening employment, school, and/or other evening obligations.**

Signature of Applicant

Date



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REFERRER/PROVIDER ONLY

PART IV: Referrer’s Signed Statement of Understanding. Review and initial each item below, then sign and date.

_____ I understand that referrals received by Turning Point after the stated deadline will not be considered.

_____ I understand that referrals that have questions left unanswered or are missing any required attachments will not be considered.

_____ Turning Point staff will begin reviewing referrals and applications after the 1st Intake Information Session. If I submit a completed referral and the applicant provided all of the documents needed to complete their application, I understand that Turning Point will notify me within 3 business days.

_____ **I understand that due to the volume of applications received, Turning Point staff will not notify me if the referral or applicant application is incomplete or that my referral was not accepted.**

_____ I understand that if I have not heard from Turning Point within 3 business days of their last Intake Information Sessions, I may follow up with Turning Point staff to find out why.

Signature of Person Making Referral

Date



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****PLEASE GIVE THIS PAGE TO APPLICANT****

WHAT ARE YOUR RIGHTS?

Right to Request Your Protected Health Information:

You have the right to look at your own information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your client record, your services/referral record, and other records we use to make decisions about your care. To request your information, call or write to your Turning Point case manager or TP Program Director.

Right to Request Amendment of Protected Health Information you believe is Erroneous or Incomplete:

If you examine your protected health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your client information, submit a written request to your Turning Point case manager or TP Program Director.

Right to Get a List of Certain Disclosures of Your Medical Information:

You have the right to request a list of the disclosures we make of your protected health information. If you would like to receive such a list, submit a written request to your Turning Point case manager or the TP Program Director. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How This Salvation Army Will Use or Disclose Your Medical Information for Program Participation: You have the right to ask us NOT to make uses or disclosures of your information to provide services/referrals to you. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Turning Point Program Director and describe your request in detail.



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Right to Request Confidential Communications:

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your case manager. You can also ask to speak with your case worker(s) in private outside the presence of other clients.

CHANGES TO THIS NOTICE:

From time to time, we may change our practices concerning how we use or disclose client information or how we will implement client rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all protected health information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at this Salvation Army facility or by requesting one from your case manager.



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DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your Privacy Rights or how The Salvation Army's Turning Center uses or discloses your protected health information. If you have a concern, please contact your case manager or the Turning Point Program Director.

If for some reason The Salvation Army cannot resolve your concern, you may also file a complaint with the Federal Government.

Department of Health and
Human Services

200 Independence Ave
SW

Washington, DC, 20201

P: (202) 696-6775

We will not penalize you or retaliate against you in any way for filing a complaint with the Federal Government.



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DO YOU HAVE QUESTIONS?

This Salvation Army is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice or have further questions about how this Salvation Army may use and disclose your protected health information, please contact the Turning Point Program Director.

Turning Point Program Director

1434 Harvard Street, NW

Washington, DC 20009

(202) 250-7721 - Phone

The Salvation Army Divisional Headquarters

2626 Pennsylvania Avenue, NW, Washington, DC 20037

P: (202) 756-2600

The Salvation Army

Southern Territorial

Headquarters 1424 Northeast

Expressway, Atlanta, GA

30329

P: (404) 728-1300



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Client Rights and Responsibilities

As a client of The Salvation Army's Turning Point Center, you have the right:

- To be treated with courtesy and respect and to be free from mental and physical abuse.
- To be treated in a manner that respects your dignity and privacy and promotes your autonomy.
- To be fully informed about client services provided to you and to be told who will be providing the client services.
- To give or refuse consent to the provision of any community service.
- To raise concerns or recommend changes in connection with the community services provided to you and in connection with policies and decisions that affect your interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
- To expect all communication and records pertaining to your service to be treated as confidential and protected to the extent required by law. All information about a client and the client's family that is obtained by our staff in carrying out case management tasks shall be held in the strictest confidence. Information may be released to other professionals and agencies only with written permission from you or your guardian. This release shall detail what information is to be disclosed, to whom, and in what time frame. *Please note there are very limited exceptions in which we may be required to release your information without your written permission. These exceptions will be fully explained to you.*
- To receive a notice of our Privacy Practices and to have them explained to you.
- To be aware of the relationship the case management agency has with other community partners that may impact your services.



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Client Rights and Responsibilities Contd.

Your Options:

- You must take an active and participatory role in your own case management. You should notify our staff if: you have changed contact information, you are unable to meet an agreed upon appointment time, you are unable to fulfill your own tasks/goals of your case management plan. Failure to do so may lead to a suspension of services.

If you feel that any of these rights have been violated you should contact The Salvation Army National Capital Area Commander at (202) 756-2600 or call The Salvation Army Southern Southern Territorial Headquarters at (404) 728-1300.



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CLIENT CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes The Salvation Army's Turning Point Center to share personal information, **including mental health, substance abuse, communicable diseases, and/or HIV/AIDS-related information**, collected about you or your family with other service and voluntary organizations participating in your case management. The Salvation Army's Turning Point Center needs to share this information in order to coordinate available services and assistance. The Salvation Army's Turning Point Center and its community partners are committed to respecting your privacy and will use your information solely for the purpose of coordinating and providing assistance.

With the exception of certain limited circumstances, it is the policy of The Salvation Army not to release information about individual or family assistance, or other personal information obtained through the provision of social services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and assist you or your family with obtaining the services in the most expeditious and least cumbersome manner. You will receive The Salvation Army Notice of Privacy Practices prior to signing this consent.

CONSENT AND RELEASE

I, _____, hereby authorize The Salvation Army's Turning Point Center to share my information in its possession, including but not limited to my name, address, Protected Health Information, other personal information, **including mental health, substance abuse, communicable diseases, and/or HIV/AIDS-related information**, related to my situation and the type of assistance I am receiving with other services and voluntary organizations participating in my case in order to coordinate available services and assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and a list of all organizations that may have access to my information and have been informed that if I wish to limit or refuse the Release of Information, I have had the opportunity to do so.

I understand that I may revoke this consent at any time by contacting The Salvation Army's Turning Point Center, except when action has already been taken to obtain and/or release such information to organizations participating in my case management. My signature on this release indicates that I have read the above, or had it read to me, and I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).



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The Salvation Army- Turning Point Center for Women and Children

APPROVED AGENCY TO RECEIVE INFORMATION

DATE

PURPOSE FOR RELEASE

SIGNATURE HEAD OF HOUSEHOLD

DATE

SIGNATURE SALVATION ARMY TURNING POINT STAFF

DATE



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CLIENT CONSENT TO THE RELEASE OF PROTECTED HEALTH INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes The Salvation Army's Turning Point Center to share personal information, **including protected health information**, collected about you or your family with other service and voluntary organizations participating in your case management. The Salvation Army's Turning Point Center needs to share this information in order to coordinate available services and assistance. The Salvation Army and its community partners are committed to respecting your privacy and will use your information solely for the purpose of coordinating and providing assistance.

With the exception of certain limited circumstances, it is the policy of The Salvation Army not to release information about individual or family assistance, or other personal information obtained through the provision of social services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and assist you or your family with obtaining the services in the most expeditious and least cumbersome manner. You will receive The Salvation Army's Notice of Privacy Practices prior to signing this consent.

CONSENT AND RELEASE

I, _____, hereby authorize The Salvation Army's Turning Point Center to share my information in its possession, including but not limited to my name, address, protected health information, other personal information related to my situation and the type of assistance I am receiving with other services and voluntary organizations participating in my case in order to coordinate available services and assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and a list of all organizations that may have access to my information and have been informed that if I wish to limit or refuse the release of information, I have had the opportunity to do so.

I understand that I may revoke this consent at any time by contacting The Salvation Army's Turning Point Center except when action has already been taken to obtain and/or release



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such information to organizations participating in my case management. My signature on this release indicates that I have read the above, or had it read to me, and I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

The Salvation Army-Turning Point Center for Women and Children

APPROVED AGENCY TO RECEIVE INFORMATION _____ DATE

Coordination of Care/Application for Transitional Housing

PURPOSE FOR RELEASE _____

SIGNATURE HEAD OF HOUSEHOLD _____ DATE

SIGNATURE SALVATION ARMY TURNING POINT STAFF _____ DATE



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**THE SALVATION ARMY
ACKNOWLEDGEMENT
OF CONFIDENTIALITY
& SECURITY
AGREEMENT**

The Salvation Army – Turning Point Center for Women and Children

Address: 1434 Harvard Street, NW Suite A

Referrer's Program Name:

City:

State:

Zip Code:

Telephone:

TSA Staff Name: Heather Campbell

I understand people seek help from The Salvation Army when they have special needs which may range from fairly simple to painfully difficult. I further understand that this commitment to confidentiality is essential for the delivery of services to be effective and that there must be trust that the Turning Point Center hold the information confidential.

I understand that the fact that an individual is or has been a participant in a Salvation Army program should not be disclosed outside the Salvation Army unit, except when allowable or required by law. I further agree that I will not disclose any information about individuals receiving Salvation Army Turning Point services outside of the organization without informed, written consent from the Turning Point program participant, unless obligated to do so by law. I also understand that this consent is not mandatory as a condition to receive services and that



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the client has the right to refuse, limit or revoke consent at any time.

I agree that before I disclose any client information to outside organizations, I have obtained written consent from the client, identifying what information is being disclosed, the person or agency whom it will be disclosed, the purpose of the disclosure and the date upon which the clients' consent expires. Any information disclosed by me about a client must be factual information, not informal counselor notes and/or casual observations. I further agree to treat any information received by me from another organization regarding a client with the same consideration and standards outlined here.

I agree that if I have any doubt about whether client information should be disclosed, I will seek advice from my supervisor, Corps Officer, Area Commander, Divisional Headquarters and/or Territorial Headquarters.

I further certify that I have been informed of my obligations related to Health Insurance Portability and Accountability Act Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality and have received copies of this Salvation Army location's Notice of Privacy Practices and have read The Salvation Army Policy and Guidelines on Confidentiality and the Protection of Personal Privacy (Minute No. 058B), the National Code of Conduct & Ethics, Social Service Code of Ethics (Minute No. PL041), Non-Discrimination in Programs and Delivery of Services (Minute No. PL042), IT Policies and Procedures (Minute No. 011A) and Use of Lotus Notes (Minute No. 046C) which are attached to this agreement and fully understand my obligations under that policy.



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****TURNING POINT STAFF ONLY****

**THE SALVATION ARMY
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AGREEMENT (continued)**

Please initial at each line and sign at the bottom of this page.

I have read and understand this agreement and understand any additional applicable
HC _____ policies and laws related to client confidentiality.

HC _____ client confidentiality is not breached.

I understand that the information I receive from a client may only be used to the
extent
HC _____ necessary to perform my job and none other.

I understand that I must make the appropriate staff aware of any breach in
HC _____ confidentiality as soon as I am aware it has occurred.

Turning Point Staff Signature: _____

Print/Type Name: Heather Campbell _____

Date: _____

STAY INVOLVED!

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