



## Frederick Ozanam House

**F**ounded in 1998, Frederick Ozanam House provides recovery-based transitional housing services to men who are homeless. On-site housing and supportive services are offered for men who have the potential for employment and self-sufficiency.

Twenty participants live in four, 5-bedroom apartment units, taking responsibility for household chores and facility management by pooling resources and working cooperatively. Program participants are required to work closely with a case manager on goal setting and achievement, seek and maintain employment, stay drug and alcohol free, participate in

### SERVICES:

- Housing
- Case management and counseling
- Employment readiness and counseling
- Service linkage
- Mental health assessment and referral
- Addiction recovery support
- Support groups
- Life skills education
- Recreation and social reintegration

educational and support activities, save money for the future, and participate in volunteer work.



### HELP US TO HELP OTHERS

You can support Frederick Ozanam House by making a tax-deductible contribution or donating personal hygiene supplies, household or paper products, and men's clothing. Volunteer opportunities are also available working directly with the participants or assisting with services at the adjacent Beans & Bread program.

400 Bond Street  
Baltimore, MD 21231

410.732.1892 phone  
410.558.1675 fax  
[info@vincentbaltimore.org](mailto:info@vincentbaltimore.org)

Working together, improving lives  
— in your community.

# Transitional Housing Program Summary

Founded in March 1998, Frederick Ozanam House (FOH) provides transitional housing services to men who are homeless. Located at 400 South Bond Street, adjacent to the Beans & Bread Outreach Center (BBOC), FOH is operated by St. Vincent de Paul of Baltimore, and named for the Society's founder, Frederick Ozanam.

On-site transitional housing and supportive services are offered for men, who despite their homeless status have the potential for employment and self-sufficiency. Twenty participants live in four, five bedroom apartment units with one live-in Resident Assistant accessible to all residents. As a means of strengthening living skills, residents are expected to:

- ❑ Pool resources
- ❑ Work together cooperatively
- ❑ Remain drug and alcohol free
- ❑ Save money for the future
- ❑ Complete job readiness training
- ❑ Participate in volunteer work
- ❑ Complete household chores
- ❑ Improve educational status and employability

Employment and career development are a central focus of the program, and thus, residents are required to find employment within 90 days. At this time, residents are expected to contribute a portion of their income (determined as a percentage of income after expenses) to FOH as a program fee.

In accordance with the above goals, individual and group supportive counseling services are cooperatively provided by a full-time Resident Advisor and full-time Case Manager, as are therapeutic social and recreational opportunities. Additionally, individual advocacy, and linkage to the following services listed below are provided to individual residents on an as needed basis. When appropriate and available, such services are provided directly by FOH/BBOC staff:

- ❑ Somatic & Mental Health & Substance Abuse Treatment
- ❑ Legal Services
- ❑ Literacy & GED Training
- ❑ Employment Readiness & Placement Services
- ❑ Life Skills Development

Though no formal behavior management system is employed, measures of accountability exist. First, the time and date of each resident's entrance to and exit from the building is recorded in the computer system via an electronic key system, and reviewed daily by the Resident Advisor and/or Case Manager. In addition, urinalysis is universally conducted randomly and conducted individually with cause. Finally, individual contracts, such as a signature log for appointments, are developed when necessary by the Resident Assistant, Resident Advisor, Case Manager, and/or the Program Director. Violations are also handled according to a three-strikes policy in

which verbal warnings, written warnings, and monetary fines are employed as consequences (please see Policies & Procedures, "Discipline" for further information).

Because FOH recognizes that men will come to the program at varying levels of readiness to meet the requirements for residency, a "Candidacy Period" is employed for all program participants. The "Candidacy Period" has two stages, early and late, and may last up to 90 days. The "Candidacy Period" is designed to provide the specific amount of structure and support necessary for each individual participant to become a successful resident. Responsibilities for community service as well as participation in psycho-social education and support groups, job readiness training, and literacy and GED preparation may be included. The "Candidacy Period" is individually designed according to each participant's specific needs and is included as part of the Individual Service Plan.

# Frederick Ozanam House

## Application for Transitional Housing

Application received by: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The information provided in this application will be held confidential by the Frederick Ozanam House and St. Vincent DePaul of Baltimore. You may be asked by the Case Manager or other counseling/medical staff of FOH to share more information about your answers if such information is necessary to assist in determining your eligibility for the program.

### I. Demographics

Name: \_\_\_\_\_  
Last First Middle Nickname

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Where are you staying now? \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Race:  African American  Caucasian  Hispanic  Asian  Other: \_\_\_\_\_  
 Bi-racial  Hawaiian/Pacific Islander  Native American  Multi-racial

Marital status:  Married  Divorced  Separated  Common Law  Domestic Partner  
 Single

Family Composition:  Single Male  Male with children  Couple

Education:  Advanced degree  College degree  College 0-3.5 yrs  High school/GED  
 Some high school  No high school  Some school  Student

Veteran:  Yes  No

### II. Income

Total monthly household income: \$ \_\_\_\_\_

Job status:  Disabled  Retired  Employed  Unemployed

Income type:  Alimony  Child support  Part-time job  Full-time job  
 No income  Retirement/pension  SSI  SSDI

- Voc Rehab       Unemployment comp       Veterans Comp       TDAP  
 Food stamps

Please list past employment history:

Employer name	Job title	Pay rate

Please list past/current expenses and/or debts:

Type	\$ Amount
Credit cards	
Personal loans	
Family loans	
Child support	
Medical bills	
Other:	

**III. Health Information:**

Health insurance:

- None                       Medicare                       Medicaid  
 Private                       VA                               Medical Assistance       PAC

Medical problem:

- None                       Drug problem                       Alcohol problem  
 Physical health                       Mental health                       Physical handicap  
 Communicable Illness       MRDD                               HIV/AIDS  
 Tuberculosis

**IV. Substance Use history:**

Have you **ever used or abused** drugs or alcohol?     Yes                       No

What was your preferred drug of choice? \_\_\_\_\_

What is your current length of sobriety? \_\_\_\_\_

How old were you when you started using? \_\_\_\_\_

Do you belong to NA/AA?                       Yes                       No

Do you have a home group?                       Yes                       No

Do you have a sponsor?  Yes  No

Is this your first time getting clean?  Yes  No

If no, how many prior attempts at recovery have you had? \_\_\_\_\_

What is the longest period of time that you have been sober? \_\_\_\_\_

Have you ever participated in any detox, rehab or housing programs?  Yes  No

If yes, please specify and include dates:

Program	Dates	
	to	
	to	
	to	
	to	

### **V. Homelessness History**

Are you currently homeless?  Yes  No

Current length of homelessness:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Not yet homeless  | <input type="checkbox"/> 0-3 months  |
| <input type="checkbox"/> 4-6 months        | <input type="checkbox"/> 7-12 months |
| <input type="checkbox"/> 1-2 years         | <input type="checkbox"/> 2-4 years   |
| <input type="checkbox"/> More than 4 years |                                      |

What is your primary reason for being homeless?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Stranded/transient        | <input type="checkbox"/> Relocating             | <input type="checkbox"/> Never independent     |
| <input type="checkbox"/> Building sold/redeveloped | <input type="checkbox"/> Loss of income         | <input type="checkbox"/> Insufficient income   |
| <input type="checkbox"/> Lack of income            | <input type="checkbox"/> Employment issue       | <input type="checkbox"/> Eviction              |
| <input type="checkbox"/> Substandard housing       | <input type="checkbox"/> Natural disaster       | <input type="checkbox"/> Condemnation          |
| <input type="checkbox"/> No power                  | <input type="checkbox"/> No water               | <input type="checkbox"/> Fire                  |
| <input type="checkbox"/> Mental health issues      | <input type="checkbox"/> Spousal desertion      | <input type="checkbox"/> Physical abuse        |
| <input type="checkbox"/> Emotional abuse           | <input type="checkbox"/> Marriage/separation    | <input type="checkbox"/> Victim of crime       |
| <input type="checkbox"/> Domestic violence         | <input type="checkbox"/> Displaced              | <input type="checkbox"/> Section 8 violation   |
| <input type="checkbox"/> Drug/alcohol issues       | <input type="checkbox"/> High risk neighborhood | <input type="checkbox"/> Institution discharge |
| <input type="checkbox"/> Jail/prison release       | <input type="checkbox"/> Shelter termination    | <input type="checkbox"/> Fighting/kicked out   |

Where did you stay last night?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Emergency shelter         | <input type="checkbox"/> Anywhere outside         | <input type="checkbox"/> Abandoned building |
| <input type="checkbox"/> Car or other vehicle      | <input type="checkbox"/> Transportation site      | <input type="checkbox"/> Hotel or motel     |
| <input type="checkbox"/> Transitional housing      | <input type="checkbox"/> Living w/ friends/family | <input type="checkbox"/> Foster care home   |
| <input type="checkbox"/> Permanent housing program | <input type="checkbox"/> Substance abuse program  | <input type="checkbox"/> Hospital           |

- Jail
- Hospital
- Psychiatric facility
- Other: \_\_\_\_\_
- Prison

How long did you stay at that place?

- Less than 1 week
- 2-3 months
- More than 1 year
- 1-2 weeks
- 4-6 months
- Don't know
- 3 weeks – 1 month
- 7 months – 1 year

**VI. Legal History:**

Have you ever been charged or convicted of a felony?  Yes  No

If yes, please specify the crimes and dates:


Have you ever been charged or convicted of a misdemeanor?  Yes  No

If yes, please specify the crimes and dates:


Have you ever spent time in a prison?  Yes  No

Where? \_\_\_\_\_

Do you have any outstanding warrants?  Yes  No

Are you currently on parole/probation?  Yes  No

If yes, provide the name and number of your agent: \_\_\_\_\_

**VII. Other:**

Please check all valid identification that you currently have:

- Maryland State ID
- Other state ID (state: \_\_\_\_\_)
- Driver's license (state: \_\_\_\_\_)
- Birth certificate
- Social security card
- Other: \_\_\_\_\_

List three reasons why you want to be a resident of FOH:

1. \_\_\_\_\_

2. \_\_\_\_\_
3. \_\_\_\_\_

I attest that the information provided above is true and accurate. I hereby request admission to the Frederick Ozanam House Transitional Housing Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please have the person who referred you to FOH complete the attached Participant Eligibility worksheet, specifically provide the respective proof of homelessness letter required by HUD.**

**\*\*When you receive your scheduled interview date, you must bring any medical records and psycho-social report (i.e. mental health evaluation). These documents may be obtained and/or completed at Health Care for the Homeless if you do not already have a treatment team established.**



Beans & Bread, Frederick Ozanam House, Home Connections

**Participant Eligibility Worksheet**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

Check the appropriate box below to indicate the appropriate type of documentation used to verify homelessness and attach to this worksheet.

<b>Homeless Status</b>	<b>Type of Documentation</b>	<b>Documentation Attached</b>
Persons living on the street	Street Certification	
Person coming from emergency shelter	Shelter Referral Certification	
Person coming from transitional housing	Transitional housing Certification	
Person being evicted	Eviction Certification	
Person coming from hospital or treatment under 31 days	Institution Certification	
Person being discharged from longer stay (31days+)	Longer Stay Certification	
Domestic Violence situation	Personal Verification	

<b>Disability Type</b>	<b>Documentation Providers</b>	<b>Documentation Attached</b>

**CONSENT FOR RELEASE OF INFORMATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release and/ or receive the following information to and/ or from Frederick Ozanam House (FOH) in writing and/ or verbally as requested. I am aware that this information will be available to all FOH staff to help meet my needs.

- \_\_\_\_\_ Financial/ Employment/ Payroll Information (Dates, Wages, Withholdings, etc.)
- \_\_\_\_\_ Benefit/ Grant records (Dates, Amounts, Beneficiaries, etc.)
- \_\_\_\_\_ Medical Records from \_\_\_\_\_ to \_\_\_\_\_ (including any physical examination & labwork, mental health evaluation, general purpose notes, and transfer or closing summaries) for the purpose of substantiating disability.
- \_\_\_\_\_ Program participation information (Including participation in shelter, transitional housing, substance abuse treatment and recovery facilities, parole/ probation, etc.)
- \_\_\_\_\_ Other: \_\_\_\_\_

I understand that medical records and information to be released may contain information related to HIV/ AIDS, sexually transmitted disease, alcohol &/or drug use, or mental health. Information may be released to or received from:

\_\_\_\_\_  
 Beans & Bread Center (BBC) and/ or Frederick Ozanam House (FOH)  
 400 South Bond Street  
 Baltimore, Maryland 21231  
 Phone: (410) 732-1892 ext. \_\_\_\_\_  
 Fax: (410) 558-1675

I acknowledge that the information to be released may include material that is protected by Federal and/or State law applicable to substance abuse and mental health. I understand that information disclosed pursuant to the written authorization may be redisclosed by the recipient and no longer protected by the federal privacy regulations. I specifically authorize release of all confidential information as set forth herein relating to substance abuse or mental health and specifically authorize disclosure of this confidential information.

This consent is subject to revocation by me at any time except to the extent that the program or programs which are to make disclosure have already taken action in reliance on it. If not previously revoked, this consent will terminate (1) one year from the signing of this document or when the case management staff declares the case closed, whichever is sooner.

I understand that I am not required to agree to and/or sign this Release of Information and that I will receive assistance even if I do not sign this form. I further understand that I may revoke this authorization at any time by writing to the appropriate staff member (Case Manager) at FOH.

**THIS DOCUMENT IS A RELEASE, READ IT CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS FOR FREDERICK OZANAM HOUSE (FOH)

\_\_\_\_\_  
DATE

## Application Process for Frederick Ozanam House

1. All questions on the application must be completed
2. The release of information along with the homelessness verification form with a letter from you stating your client is homeless must accompany the application
3. Fax the application asap to me at 410-558-1675 (Remember to have your clients complete and fax the application about 2 mos in advance if possible)
4. I will review the application, then I will call the contact number on the application to schedule the applicant for an interview here at Beans & Bread on a Tuesday at 1pm. If there is no contact number, I will post a note on our message board. Normally, the applicant will find out the day they are interviewed if they have been accepted. Usually we have a wait list so there will be a wait. Upon being accepted into our program and placed on the wait list, they will be expected to call and leave me a message 1x/wk to let me know they are still interested in a bed.

The following website is helpful for other transitional housing programs in the state of Maryland :

<http://www.dhr.state.md.us/transit/pdf/homelist.pdf>

Also, don't forget if your clients are being discharged from a program and they have not yet secured housing, please send them to us for Case Work services. They will need to get here 8am-9am, M-F, they may have to stand in line as we open at 9:30am, then they must sign up for Case Work Services. It would be a good idea to call ahead, to make sure we are having casework on the day they plan on coming.

Let me know if you have any other questions.

Susan Roberts Bingham, LCSW-C  
Assistant Director  
Beans & Bread Center  
400 S. Bond Street  
Baltimore, Maryland 21231  
P-410-732-1892, x 109  
F-410-558-1675

### Other Agencies That May be of Assistance

1. Need a place to go upon release from prison/jail?  
Call **Prisoner's Aid at 410-662-0353**, 204 East 25<sup>th</sup> Street, Baltimore Md 21228, [prisonersaid@hotmail.com](mailto:prisonersaid@hotmail.com)
2. Need a place to go upon release from prison/jail?  
Call **Rose Street Community Center, 410-675-1207**  
821 N. Rose St., Balt 21205, Contacts: Ms. Dee or Mr. Clayton. If released on Sat. or Sun. report to 2720 E. Monument St. Balt, 21205
3. Need X-offender friendly services?  
Call the **Re-Entry Center at 410-523-1060**, 2401 Liberty Heights Avenue, Baltimore Md 21215(Mondawmin Mall suite 302)  
[www.oedworks.com/exoffender.htm](http://www.oedworks.com/exoffender.htm)
4. Need help with issues of being homeless?:  
Call **Beans & Bread Center, 410-732-1892** , 400 S. Bond Street, Balt Md 21231  
Services include: phone use, bathrooms, case managers, referrals to services, shelter & housing assistance, hot meal, use of mailing address, computers, clothing, hygiene products, ID, Nurse, addiction treatment referrals, transitional housing and more...  
[www.vincentbaltimore.org](http://www.vincentbaltimore.org)
5. Need medical care?  
Call **Health Care for the Homeless- 410-837-5533**, 111 Park Ave, Balt. 21201
6. Need help with employment services, meal, and more?  
Call Catholic Charities **Our Daily Bread Employment Center- 443-986-9000**,  
[www.cc-md.org](http://www.cc-md.org), 725 Fallsway, Balt. 21202
7. Need Transportation?:  
Call **MTA 410-539-5000, 1866-RIDE-MTA**, 6 St. Paul St. Balt 21202  
<http://www.mtmaryland.com>
8. Help with Shelters and Transitional Housing ?:  
Directory of Maryland Emergency Shelters and Transitional Housing Programs  
Call **410-767-7328** or [www.dhr.state.md.us](http://www.dhr.state.md.us) – (click on administrations, #5, 2<sup>nd</sup> arrow down on left menu, 4<sup>th</sup> bullet – ER & Transitional Housing Services)