



ADFC - Alcohol & Drug Free Community

**Hotel Alder**  
**Self Sufficiency Program**

**Housing Referral**

Please return to:

**Mail -**

CCC Housing  
232 NW 6<sup>th</sup> Ave  
Portland, OR 97209  
Phone: 503-525-8483

**In Person -**

CCC Housing  
523 NW Everett  
Portland, OR 97209  
Fax 503-228-1696

\_\_\_\_\_ has applied for the Hotel Alder Self Sufficiency Program and residency in a CCC rent-subsidized Alcohol and Drug Free Community. Central City Concern grants a waiting list preference to applicants who can demonstrate participation in an ongoing Self Sufficiency Program. **A self-sufficiency program is any program or agency through which the applicant is accessing services to facilitate employment or improved employment through counseling, career guidance, and/or skills enhancement opportunities. Employment agencies and temporary agencies are NOT self-sufficiency programs.**

**EMPLOYMENT PROGRAM STAFF COMPLETE THIS SECTION**

_____	_____	_____	_____	_____
Employment Program Name	Address	City	State	ZIP
Program Enrollment Date: _____				
Applicant has been assessed as employable and is actively meeting program requirements for participation			Yes	No
This program culminates with graduation when specific criteria are met by applicant			Yes	No
Applicant's anticipated graduation date: _____				
This program does not include graduation, but includes on-going career growth and skills enhancement			Yes	No

**DISABILITY ASSESSMENT AGENCY STAFF COMPLETE THIS SECTION**

**Pursuit of Disability Entitlement through agency-based case-management qualifies as a program of self-sufficiency for Hotel Alder residency. Applicant must be actively pursuing a permanent disability claim arising out of an assessment by qualified medical provider.**

_____	_____	_____	_____	_____
Agency/ Program Name	Address	City	State	ZIP
Applicant has been assessed as unemployable due to permanent disability			Yes	No
Applicant has filed for Disability Entitlement or re-instatement under my direct case management			Yes	No
I reasonably expect this applicant's award or re-instatement of disability benefits to occur by: _____				

**ALL PERSONS COMPLETING THIS FORM SHOULD READ AND SIGN BELOW:**

By completing this verification, I maintain that the above information is true, and that in my opinion this client is ready to transition to the Hotel Alder Self-Sufficiency Program.

_____	_____	_____
Case Manager Signature	Phone	Date

**APPLICANT: WHEN THIS FORM IS COMPLETE**

Return this completed form to the Central City Concern Housing Office. This form **MUST** be submitted with your ADFC Housing Pre-application in order to receive a preference on the Hotel Alder ADFC subsidized housing waitlist. A waitlist preference entitles you to the opportunity to apply for an available unit ahead of those who do not meet the preference criteria.