

# R.I.S.E. Application

Staff Use Only	IYHP
Date Received: _____	Yes
Date Reviewed: _____	No

## Referral Information:

*If someone other than applicant is making referral, please fill in this portion.*

Referral Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Name Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Briefly describe why you are recommending the applicant for the R.I.S.E. Program.

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◆ To qualify for R.I.S.E, our homeless transitional housing program you will need to be either living in a shelter, in a car, on the streets, or facing an eviction. **You may need to provide proof of homelessness.**

◆ Our Admissions Case Manager will review your application to determine if you are eligible. If you are eligible she will contact you to go over your application with you. She will ask about your current situation, education, work, and housing goals for the future and how you are working toward those goals currently.

◆ Keep in mind, **while you are on the waiting list for R.I.S.E., we expect you to stay in contact with the Admissions Case Manager once every two weeks.** If you are unemployed we would like you to turn in a job log twice monthly. If contact is not kept then you will be dropped from the waiting list and will have to wait a month to reapply and to explain what kept you from staying in touch. If you need any help with these requirements, we can help you work on your goals.

**Please Note:** After you complete this application, please turn it in to the 3<sup>rd</sup> floor Reception at CYS. It will be reviewed within 72 hours.

**Please contact the Admissions Case Manager by telephone or in person, within two weeks of turning in your application: 943-0780 ext.133.**

## **Application to the R.I.S.E. Program**

(Please complete the entire form in pen)

### **Applicant Information:**

\_\_\_\_\_  
Today's Date

Applicant's Name: \_\_\_\_\_  
*First Middle Last*

Do you go by any other name(s): \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnic Identity: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month Day Year*

Mailing Address (if available): \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact (Phone, Email, Etc.) \_\_\_\_\_

**\*\*\* If you do not have access to a message telephone, please contact the Admissions Case Manager in person or by email. \*\*\***

	YES	NO
Do you need help getting: Food	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Supplies	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

Please briefly explain your current housing situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children, are you pregnant or is someone pregnant with your child?

Yes No

If yes, please complete the following section:

Are you supporting them?    
Yes No

If no, who has custody? \_\_\_\_\_

Child name(s), gender, age(s) \_\_\_\_\_

~~~~~**Education History**~~~~~

Are you currently attending school?   If yes, where? \_\_\_\_\_  
Yes No

Highest grade completed \_\_\_\_\_ Last date of attendance \_\_\_\_\_

|                             | <u>Have</u>              | <u>Would like to get</u> | <u>Don't want</u>        |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| <u>GED:</u>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>HS Diploma:</u>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Associates of Arts:</u>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Vocational Training:</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Other :</u>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

~~~~~Employment History and Benefits~~~~~

Have you ever been employed?  Yes  No

Are you currently employed?  Yes  No Where? \_\_\_\_\_

If yes, how long have you been employed there? \_\_\_\_\_

If no, how long were you at your last job? \_\_\_\_\_

What is the longest that you have held a job? \_\_\_\_\_

Income of your last 3 jobs

- 1. \$ \_\_\_\_\_ per hour / day / week / month
- 2. \$ \_\_\_\_\_ per hour / day / week / month
- 3. \$ \_\_\_\_\_ per hour / day / week / month

What jobs or careers interest you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving benefits like food stamps, WIC, SSI, etc?  Yes  No

What benefits do you receive? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you receive money or other assistance from friends, relatives, or other people?

Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~Legal History~~~~~

We cannot serve people with certain criminal offenses. Please list your criminal history honestly so that we can determine if you are eligible for the RISE Program or if we need to refer you to another agency. If you have pending charges, you must take care of those prior to entering the program. Conviction of a crime does not necessarily prevent you from placement in the R.I.S.E. program.

Any convictions?              
                                 Yes      No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current probation/parole?              
                                                 Yes      No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are charges pending?              
                                                 Yes      No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You will be required to have the Washington State Patrol run a background check. If you'd like to, please explain anything that will show up on the check.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You will need to provide a form of identification upon entry to RISE and know your social security number. If you do not have this documentation, you must be actively working on it.**

Do you need assistance finding or getting your social security number/card?    
Yes No

Do you have a form of identification?    
Yes No

If yes, what form(s) of I.D. do you have? \_\_\_\_\_

~~~~~**Residence History**~~~~~

Have you been in other residential programs or institutions?    
Yes No

*If yes, give names and dates:*

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Were you ever in foster care in the state of Washington?    
Yes No

What county or counties? \_\_\_\_\_

How old were you when you left foster care? \_\_\_\_\_

Were you in foster care up until one month before your 18th birthday?    
Yes No

What is the name of your last social worker? \_\_\_\_\_

Are you currently involved in the CYS Independent Living Services program?    
Yes No

If you are currently in the Independent Living Skills program at CYS, who is your Case Manager? \_\_\_\_\_

Have you ever had your own place to live?    
Yes No

Were you the person signing the lease?    
Yes No

Have you ever been evicted?   If yes, how many times? \_\_\_\_\_  
Yes No

What were the reasons for the eviction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you owe money to your past landlords?   If yes, how much? \_\_\_\_\_  
Yes No

Have you paid any of it back?   How much do you still owe? \_\_\_\_\_  
Yes No

~~~~~**Medical History**~~~~~  
**\*This section is optional\***

**We recommend that you take advantage of our free health clinic.  
This is provided by the Thurston County Health Department Mondays at CYS in  
the Goldberg Room.**

Do you have any medical concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any current mental health concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special medical concerns that the RISE program should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

