

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.

- ◆ 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 will 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 3rd floor Reception. It will be reviewed within 72 hours. **Please contact the Admissions Case Manager by telephone or in person, within 2 weeks of turning in your application: 943-0780 x. 133.**

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

(Please complete the entire form in pen)

Applicant Information:

_____ Today's Date

Applicant's Name: _____ Age: _____
 First Middle Last

Do you go by any other name(s): _____

Gender: _____ Ethnic Identity: _____

Date of Birth: _____ Contact # _____
 Month Day Year

Message phone _____

Email: _____

***** 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? 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?  Yes  No Where? \_\_\_\_\_

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

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

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 \_\_\_\_\_

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Current probation/parole?  Yes  No If yes, explain \_\_\_\_\_

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Are charges pending?  Yes  No If yes, explain \_\_\_\_\_

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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.

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You will need to provide a form of identification, or know your social security number.

Do you need assistance finding your social security number?  Yes  No

Do you have a form of identification?  Yes  No What type? \_\_\_\_\_

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

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

If yes, give names and dates:

| Program / Institution | Date(s) |
|-----------------------|---------|
| | |
| | |
| | |

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 1 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 Skills 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 eviction? _____

Were you the person responsible for the damage? _____

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**~~~~~

**(Optional) We recommend that you take advantage of our free health clinic.**

**This is provided by the Thurston County Health Dept on Mondays at CYS.**

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

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

Are there any special medical concerns that the R.I.S.E. program should be aware of? \_\_\_\_\_  
\_\_\_\_\_

