



Patricia & Terry Borden
DIRECTORS

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Reentry Cash-Assistance Stipend Application

To be considered for these cash-assistance stipends, an applicant must:

1. Have been convicted of a sexual offense and sentenced to Arizona ADCRR.
2. At the time of application, **not be in custody** and be residing in Arizona.
3. Have been released from custody within the past 12 months.
4. Demonstrate a financial need including being under 150% of the Federal Poverty Level.
5. Demonstrate a correlation between current offense and a prior sexual offense (for example, Failure to Register, Violation of Sex Offender Probation terms, or another collateral consequence), If most recent incarceration was not for a sexual offense.
6. Submit completed and legible application. All fields are required (write N/A if appropriate).

Funds will be awarded solely based upon information provided on application, particularly documentable income and expenses, and will be limited to one stipend not to exceed \$250.

Name:

Application Date:

DOC #:

Release Date:

Birthdate:

Address:

Street

City

State

Zip

Phone #:

Email Address:

How did you hear about us?

Are you interested in our Support Group? Yes / No

How would you like to receive your funds? Check / Money Order

Can we add you to our email list? Yes / No

If your most recent incarceration was not for a sexual offense, explain (see #5 above):

Describe your family/friend support system:

Are you Currently Employed: _____ and if so Employer: _____

Employer Contact Information:

Please briefly describe yourself, the steps you have taken (and plan to take) to be successful in your reentry, and your reasons for requesting this stipend **including demonstrating a financial need**. (Attach additional paper if needed. Max 500 words):

Monthly Earnings:**Other Income:****Savings:****Monthly/Start-Up Expenses**

Item	Amount \$	Description
<i>Transportation (For Example)</i>	<i>\$25 (For Example)</i>	<i>Bus Pass (For Example)</i>
Transportation	_____	_____
Housing	_____	_____
Utilities	_____	_____
Obtain Identification	_____	_____
Phone	_____	_____
Clothing	_____	_____
Medical/Dental/Prescription	_____	_____
Food	_____	_____
Parental Expenses	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

I AFFIRM THAT ALL STATEMENTS INCLUDED IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT. I AUTHORIZE THE INVESTIGATION OF ALL MATTERS THAT AZRSOL DEEMS RELEVANT TO MY APPLICATION, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND RELEASE AZRSOL FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING SUCH AN INVESTIGATION.

SIGNATURE:

DATE: