

## RENTAL APPLICATION

<i>For White Feather Re-Entry use only!</i>	
MID ____ / ____ / ____	MOD ____ / ____ / ____
House: _____	Phone: _____
<input type="checkbox"/> INTENT TO MOVE IN _____ <i>Initial</i>	<input type="checkbox"/> APPLICATION APPROVED _____ <i>Initial</i>

Please complete the following:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Residence \_\_\_\_\_

DOC#/SID# \_\_\_\_\_ Counselor/CCO & phone \_\_\_\_\_

Date of Conviction \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County of Conviction \_\_\_\_\_

Crime of Conviction \_\_\_\_\_ Earned Release Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever served in the military? \_\_\_\_ yes \_\_\_\_ no

Dates served: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Job Skills** – list all skills that you have! [*Use back of this sheet if needed*]

**Education** – List any education, including Certificates, Degrees, etc. [*Use back of this sheet if needed*]

**Re-Entry Plan** – What is the plan you have in mind for your re-entry? Include the way your rent will be paid. [*Use back of this sheet*]

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### AUTHORIZATION FOR RELEASE OF INFORMATION

*If currently under community supervision, this form must be submitted also.*

I, \_\_\_\_\_, hereby authorize **White Feather Re-Entry/Lesta Rogers** to obtain the information below, to be sent to:

White Feather Re-Entry  
Attn: Lesta Rogers  
11012 Canyon Rd E Ste 8  
Box 137  
Puyallup, WA. 98373

*The information is for targeted risk factors and for community safety.*

- |   |   |
|---|---|
| <input type="checkbox"/> Educational History                          | <input type="checkbox"/> Reports to Court/Board                   |
| <input type="checkbox"/> Laboratory Data                              | <input type="checkbox"/> Assessment/Reassessment<br>of Risk Forms |
| <input type="checkbox"/> Psychiatric Evaluation                       | <input type="checkbox"/> CAP Interview Data                       |
| <input type="checkbox"/> Psychological Evaluation                     | <input type="checkbox"/> Court/Board Orders                       |
| <input type="checkbox"/> Drug/Alcohol Assessment                      | <input type="checkbox"/> Criminal History                         |
| <input type="checkbox"/> Progress in Treatment                        | <input type="checkbox"/> Other (Specify): _____                   |
| <input type="checkbox"/> Pre-Sentence Report                          | _____   |
| <input type="checkbox"/> UA Test Results/Conditions<br>of Supervision | <input type="checkbox"/> ER Visit                                 |
|   | <input type="checkbox"/> Doctor visits & Medications              |

**This release is valid until residency is terminated.**

_____ <i>Offender Signature</i>	_____ <i>DOC #</i>	____/____/____ <i>Birth Date</i>
_____ <i>Supervising Officer (CCO)</i>	_____ <i>Date</i>	
_____ <i>Witness</i>	_____ <i>Date</i>	

**PROHIBITION ON REDISCLOSURE:** This form has been disclosed to you from confidential records. Any further redisclosure is strictly prohibited. Any authorization specifying "Any and all information" shall ***NOT*** be honored.