

Things you should know before applying to the Community Change Center's Reentry Home

The Community Change Center's Reentry Home is a transitional living house which provides short-term housing to men post-incarceration, while they attain education and/or employment and save resources to move out on their own. During your participation in the housing program, you will be required to strive to become self-sufficient and to actively cooperate with the housing program in all ways, including:

Rent is a minimum of \$150.00 per week and is due on Saturday, by 10:00 A.M. We are a self-paid, non-for-profit facility.

You will be required to review and accept the rules and regulations of the house before entering the program.

Substance/alcohol possession or use of any kind will not be tolerated while you are a resident of the reentry home. No weapons are allowed on property.

You must sign legal consent to the release of information about you, between Community Change Center and other agencies, doctors, and therapists, with which you are involved.

Your personal living area will be subject to inspection and searched at staff's discretion. You may be subject to random drug screenings at staff's discretion.

You will continue to take any prescription medication as prescribed.

You will deal responsibly with your legal, financial, family, and mental/physical health issues.

You will be expected to find and maintain a job, or if legally disabled, volunteer your time in some way.

You will be required to show proof of insurance, registration, and a valid driver's license for any vehicle you use while a resident.

You will share household chores.

Your progress toward your program goals will be evaluated weekly by the house staff during your progress review.

If rules are not followed, it may result in termination from the housing program.

APPLICATION FOR RESIDENCY

Date: _____

Name: _____ Age: _____ DOB: _____

Phone: _____

Email: _____

Street Address (Pre-incarceration): _____

City: _____ State: _____ Zip: _____

Referred By: _____

I, _____, agree to allow the Community Change Center Reentry Home Committee to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors, House Committee, or the staff of Community Change Center to check on my legal standing and criminal background.

I also understand that I am giving permission for the House Committee and the staff of Community Change Center to contact any individuals/agencies/facilities, as needed for my success, and I understand that Community Change Center personnel may report progress of residents in the housing program to probation/parole, as applicable.

I also agree to waive, release, and not to sue the Community Change Center, its Directors, officers, or staff for any and all damages of any kind whatsoever suffered as a result of living at Community Change Center Reentry Homes. I further specifically release the Community Change Center for any and all losses, thefts, damages, or injuries incurred while living at the Community Change Center Reentry Home.

Printed Name _____

Signature _____ Date _____

A. Present Status

Why are you interested in living at the Reentry Home?

Are you currently incarcerated? If so, please list the facility and expected release date.

Where would you live if not accepted into Community Change Center reentry housing?

Where and with whom were you living prior to your recent incarceration?

Describe the short-term goals you intend to work toward while involved in our housing program.

Describe your long-term goals.

Do you have any health problems or diagnoses that require special care on your part? If yes, please explain.

Are you to your knowledge medically stable and able to care for yourself? If not, please explain.

Have you struggled with drugs and/or alcohol in the past? _____

If so, what did you use and how often? _____

Do you feel that you will struggle to maintain sobriety? If so, what is your plan to support your recovery journey?

B. Treatment History

1. Medical/Psychiatric Hospitalization

Facility	Diagnosis	Date

Have you attempted suicide in the past? _____ If so, when? _____

2. Chemical Dependency Treatment (detox, inpatient, residential)

Facility	Diagnosis	Date

3. Outpatient Counseling (Social Worker-psychologist-clergy)

Facility/Counselor	Diagnosis	Date

4. Medications (List all prescribed medications for last year, including current Medications)

Name of Medication	Date	Diagnosis & Doctor Prescribing Med.

Do you have any limitations or physical handicaps? If yes, please explain.

C. Vocational History

What is your usual occupation? _____

Are you employed? _____ Occupation? _____ How Long? _____

Do you like your job? _____ Do you get along with co-workers? _____

List any special training, qualifications, or licensing.

List any Military Service:

List your employment history for the last three years (can be within correctional facility):

1. Company: _____ Occupation: _____

Start Date: _____ End Date _____

Reason For Leaving: _____

2. Company: _____ Occupation: _____

Start Date: _____ End Date _____

Reason For Leaving: _____

3. Company: _____ Occupation: _____

Start Date: _____ End Date _____

Reason For Leaving: _____

4. Company: _____ Occupation: _____

Start Date: _____ End Date _____

Reason For Leaving: _____

5. Company: _____ Occupation: _____

Start Date: _____ End Date _____

Reason For Leaving: _____

If you have struggled to maintain employment, please explain some potential factors:

D. Legal (use separate sheet of paper if necessary)

Arrests/Convictions/Lawsuits	Status/Attorney/Probation Officer	Date

Any court cases pending? _____ Explain either/both: _____

E. Leisure Activities – Special Interests

How do you spend your free time? List your favorite hobbies or forms of recreation:

F. Financial Status

Sources and amount of income:

Are you in debt? How much? To whom?

G. Cultural Background

Where were you born? _____ Raised? _____

Who raised you? _____

Religious preference: _____ Do you attend services? _____

H. Marital Status

Married _____ Divorced _____ Never Married _____

Do you have any children? Yes _____ No _____

If yes, how would you describe your relationship with your spouse and/or children?

Please make any other statements or comments you would like to add to help us get to know you better.

Please send your completed application to samantha.burgett@communitychangecenter.org.