



Date of Application		How Did You Hear About Us?	
Personal Information			
First Name		Last Name	
Preferred Name		Date of Birth MM/DD/YY	Age
Phone		Alternate Phone	
Email		Ok to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No Ok to Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Apt No.	
City, State, Zip		Former Foster Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
Housing Status		<input type="checkbox"/> Rent/Own <input type="checkbox"/> Live With Family/Friends <input type="checkbox"/> Sober Living / Treatment Home <input type="checkbox"/> Transitional Home <input type="checkbox"/> In Custody <input type="checkbox"/> Staying in a Shelter <input type="checkbox"/> Currently Unhoused <input type="checkbox"/> Other _____	
Are You Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say		Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say If Yes, How Many? _____	
Employment Status		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Medical/Disabled <input type="checkbox"/> Gig Work (ex., Uber/Lyft)	
Do You Have Health Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unsure		Do You Have a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unsure	
Past/Current Substance Use		Are You a Veteran?	
<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____	
I Identify with the Following Gender:			
Female		Male	
Trans Man		Trans Woman	
Gender Queer / Gender Non-Conforming		Different Identity (Please List): _____	
Prefer Not to Say		Preferred Pronouns: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____	
Please Specify Your Ethnicity			
African American / Black		Asian	
Caucasian / White		Native American	
Native Hawaiian or Pacific Islander		Two or More Races	
Other (Please Specify) _____		Prefer Not to Say	
Are You of Hispanic, Latino or Spanish Origin?			
No, not of Hispanic, Latino or Spanish Origin		Yes, Mexican, Mexican American, or Chicano	
Yes, Puerto Rican		Yes, Cuban	
Yes, another Hispanic, Latino or Spanish Origin (Please circle: Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, Other: _____)		Prefer Not to Say	
What is Your Total Annual Household Income? _____			
Education			
What is the highest grade in school that you completed? <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate / Juris Doctorate <input type="checkbox"/> Vocational/Licensure			
Did you ever attend special education classes while in school or in custody? (i.e. For Developmental/Learning Disability)			
Yes		No	

Background			
Have You Ever Been Convicted of a Crime?			
	Yes, Felony		Yes, Misdemeanor
	Yes, Both		No
If Yes, When Was Your Last Release (Month/Year):			
If Convicted of a Crime, What Type? (Check all that apply)			
	Burglary / Robbery / Theft		Sexual Offense
	Domestic Abuse / Violence (Any)		Weapons Related
	Drug Related		Fraud / Embezzlement
	DUI (Felony or Misdemeanor)		Child Endangerment
	Identity Theft		Arson
	Attempted Murder / Murder		Juvenile Offense (Convicted as a Juvenile)
	Other: _____		Prefer to Discuss With a Staff Member
Are You Currently on Parole or Probation?			
	Yes – Parole (State / Federal)		Yes – Probation (County / Federal)
	Yes – Both		No
Have You Ever Been a Victim of a Crime?			
	Yes – Domestic Violence		Yes – Other (Describe: _____)
	No		Prefer to Not Say
Please list any current legal problems you would like to share with us:			
Support Services			
May we help you with any of the following: (Check all that apply)			
	Counseling / Therapy		Family Violence / Domestic Abuse
	Child Care		Food
	Education		Housing
	Employment		Physical Health (Medical/Dental/Vision)
	Legal		Addiction (Substance Use, Gambling, Eating etc.)
	Other (Describe):		None at this Time
Other Programs Currently or Formerly Enrolled In:			
Alternate Contact			
Name of Person Who Knows Where to Reach You (First/Last):			
Relationship to You:		Phone:	
May We Contact This Individual If We are Unable to Reach You?			
	Yes		No
Signature			
By signing this document, I certify that the information is correct to the best of my knowledge and will be used by H.I.R.E. to provide me with services, resources, and referrals. All responses will be kept confidential to H.I.R.E. Further, I understand that my story, pictures, or my “likeness” may be used in pictures and/or stories shared by H.I.R.E. through social media, newsletters, or other methods. Complete names and personal information always remain confidential.			
Date		Print Name (First / Last)	
Signature			