



Date of Application				How Did You Hear About Us?							
Personal Information											
First Name						Last Name					
Date of Birth MM/DD/YY				Age				Email Address			
Address								Apt No.			
City								State/Zip			
Cell Phone								Alt Phone			
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			
Substance Use		<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both <input type="checkbox"/> None				Are You a Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____			
I Identify With the Following Gender:											
<input type="checkbox"/> Female						<input type="checkbox"/> Male					
<input type="checkbox"/> Trans Man						<input type="checkbox"/> Trans Woman					
<input type="checkbox"/> Gender Queer / Gender Non-Conforming						<input type="checkbox"/> Different Identity:		_____			
<input type="checkbox"/> Prefer to Not Say											
Please Specify Your Ethnicity											
<input type="checkbox"/> African American / Black						<input type="checkbox"/> Asian					
<input type="checkbox"/> Caucasian / White						<input type="checkbox"/> Native American					
<input type="checkbox"/> Native Hawaiian or Pacific Islander						<input type="checkbox"/> Two or More Races					
<input type="checkbox"/> Other (Please Specify) _____						<input type="checkbox"/> Prefer Not to Say					
Are You of Hispanic, Latino or Spanish Origin?											
<input type="checkbox"/> No, not of Hispanic, Latino or Spanish Origin						<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano					
<input type="checkbox"/> Yes, Puerto Rican						<input type="checkbox"/> Yes, Cuban					
<input type="checkbox"/> Yes, another Hispanic, Latino or Spanish Origin (Please circle: Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, Other: _____)						<input type="checkbox"/> Prefer Not to say					
What is Your Total Annual Household Income?											
<input type="checkbox"/> \$0 - \$10,000						<input type="checkbox"/> \$10,000 – \$28,250					
<input type="checkbox"/> \$28,251 - \$47,100						<input type="checkbox"/> \$47,100- \$55,000					
<input type="checkbox"/> \$55,001 +						<input type="checkbox"/> Prefer Not to say					
Education											
What is the highest grade in school that you completed?								Elementary Middle School High School 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?											
<input type="checkbox"/> Yes								<input type="checkbox"/> No			
Background											
Have You Ever Been Convicted of a Crime?											
<input type="checkbox"/> Yes, Felony						<input type="checkbox"/> Yes, Misdemeanor					
<input type="checkbox"/> Yes, Both						<input type="checkbox"/> No					

If Yes, When Was Your Last Release (Month/Year):			
If Convicted of a Crime, What Type? (Check all that apply)			
<input type="checkbox"/>	Burglary / Robbery / Theft	<input type="checkbox"/>	Sexual Offense
<input type="checkbox"/>	Domestic Abuse / Violence	<input type="checkbox"/>	Weapons Related
<input type="checkbox"/>	Drug Related	<input type="checkbox"/>	Fraud / Embezzlement
<input type="checkbox"/>	DUI (Felony or Misdemeanor)	<input type="checkbox"/>	Child Endangerment
<input type="checkbox"/>	Identity Theft	<input type="checkbox"/>	Arson
<input type="checkbox"/>	Attempted Murder	<input type="checkbox"/>	Murder
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Prefer to Discuss With a Staff Member
Are You Currently on Parole or Probation?			
<input type="checkbox"/>	Yes – Parole (State / Federal)	<input type="checkbox"/>	Yes – Probation (County / Federal)
<input type="checkbox"/>	Yes – Both	<input type="checkbox"/>	No
Have You Ever Been a Victim of a Crime?			
<input type="checkbox"/>	Yes – Domestic Violence	<input type="checkbox"/>	Yes – Other (Describe: _____)
<input type="checkbox"/>	No	<input type="checkbox"/>	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)			
<input type="checkbox"/>	Counseling / Therapy	<input type="checkbox"/>	Family Violence / Domestic Abuse
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Food
<input type="checkbox"/>	Emotional / Mental Health	<input type="checkbox"/>	Housing
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Physical Health (Medical/Dental/Vision)
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Addiction (Substance Use, Gambling, Eating etc.)
<input type="checkbox"/>	Other (Describe): _____	<input type="checkbox"/>	None at this Time
Emergency Contact			
Name of Emergency Contact (First/Last):			
Relationship to You:		Phone:	
May We Contact This Individual If We are Unable to Reach You?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.			
Print Name:		Signature:	