



<b>Date of Application</b>		<b>How Did You Hear About Us?</b>	
<b>Personal Information</b>			
<b>First Name</b>		<b>Last Name</b>	
<b>Preferred Name</b>		<b>Date of Birth MM/DD/YY</b>	<b>Age</b>
<b>Phone</b>		<b>Alternate Phone</b>	
<b>Email</b>		<b>Ok to Text?</b> <b>Ok to Email?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address</b>		<b>Apt No.</b>	
<b>City, State, Zip</b>		<b>Former Foster Youth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say
<b>Housing Status</b>	<input type="checkbox"/> Rent/Own <input type="checkbox"/> Live With Family/Friends <input type="checkbox"/> In Custody <input type="checkbox"/> Staying in a Shelter	<input type="checkbox"/> Sober Living / Treatment Home <input type="checkbox"/> Currently Unhoused	<input type="checkbox"/> Transitional Home <input type="checkbox"/> Other _____
<b>Are You Married?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	<b>Do You Have Children?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say If Yes, How Many? _____
<b>Employment Status</b>	<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)		
<b>Do You Have Health Benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unsure	<b>Do You Have a Disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unsure
<b>Past/Current Substance Use</b>	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both <input type="checkbox"/> None	<b>Are You a Veteran?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____
<b>I Identify with the Following Gender:</b>			
	Female		Male
	Trans Man		Trans Woman
	Gender Queer / Gender Non-Conforming		Different Identity (Please List): _____
	Prefer Not to Say		
<b>Pronouns:</b>	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____		
<b>Please Specify Your Race and/or Ethnicity (select all that apply)</b>			
	African American / Black		Asian
	Caucasian / White		American Indian or Alaska Native
	Hispanic / Latino		Middle Eastern / North African
	Native Hawaiian / Pacific Islander		Two or More Races
	Other (Please Specify) _____		Prefer Not to Say
<b>What is Your Total Annual Personal Income?</b> _____			
<b>Education</b>			
<b>What is the highest grade in school that you completed?</b> <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			
<b>Did you ever attend special education classes while in school or in custody? (i.e. For Developmental/Learning Disability)</b>			
	Yes		No

<b>Background</b>			
<b>Have You Ever Been Convicted of a Crime?</b>			
	Yes, Felony		Yes, Misdemeanor
	Yes, Both		No
<b>If Yes, When Was Your Last Release (Month/Year):</b>			
<b>If Convicted of a Crime, What Type? (Check all that apply)</b>			
	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
<b>Are You Currently on Parole or Probation?</b>			
	Yes – Parole (State / Federal)		Yes – Probation (County / Federal)
	Yes – Both		No
<b>Have You Ever Been a Victim of a Crime?</b>			
	Yes – Domestic Violence		Yes – Other (Describe: _____)
	No		Prefer to Not Say
<b>Please list any current legal problems you would like to share with us:</b>			
<b>Support Services</b>			
<b>May we help you with any of the following: (Check all that apply)</b>			
	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
<b>Other Programs Currently or Formerly Enrolled In:</b>			
<b>Alternate Contact</b>			
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
<b>Signature</b>			
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			