



Date of Application		How Did You Hear About Us?	
Personal Information			
First Name		Preferred Name	
Last Name		Date of Birth MM/DD/YY	Age
Email Address		Phone	
Alternate Phone		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
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? <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?			
<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

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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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. Names and personal information always remain confidential.

Print Name:	Signature:
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