



H.I.R.E.

Hub for Integration, Reentry & Employment

CLIENT APPLICATION

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? Ok to Email?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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	<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:			
	Female		Male
	Trans Man		Trans Woman
	Gender Queer / Gender Non-Conforming		Different Identity (Please List): _____
	Prefer Not to Say		
Pronouns:	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____		
Please Specify Your Race and/or Ethnicity (select all that apply)			
	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
What is Your Total Annual Personal 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

Email Completed Form to info@hireoc.org

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			