**REENTRY HOUSING ASSISTANCE PROGRAM**

**APPLICATION**

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| Screener name, title      | Phone number      | Request date      | Account(s) total      |
| Applicant name      | DOC number      | County of origin      | Earned release date      |

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| **This application is for ERD and Reentry Housing Vouchers. GRE and CPA/FOSA Housing Voucher eligibility is determined by the Program Supervisor.*** Applicant must be found releasable by the ISRB or within 60 days of ERD before application is sent.
* All applications must have a value in the Accounts total to determine financial need for vouchers.
* 5891 (Community Supervision) Screening must be completed before application.
* Application must be approved before a release plan is submitted utilizing voucher funds.

**Vouchers may only be used for releases from a State DOC Facility to an address on the DOC Statewide Transitional Housing Directory. (**[**STHD**](https://stateofwa.sharepoint.com/sites/doc-sthd)**)** |

**[ ]  ERD HOUSING VOUCHER (FOR CASES THAT WILL HAVE AN ORP *INVESTIGATION* PLAN:**

**Yes No**

 [ ]  [ ]  Has the applicant been unable to secure a family or personal release address?

 [ ]  [ ]  Does the applicant require an approved release address?

 [ ]  [ ]  Is the applicant willing to participate in all recommended case management activities, and currently in [compliance](file:///K%3A%5Coffenderprograms%5Cdocs%5CInfraction%20Matrix%201.3%20.pdf) with all facility rules as outlined in the  [Housing Program Infraction Matrix](http://idoc/agency/corrections/docs/housing-voucher-program-infraction-matrix.pdf)?

**[ ]  REENTRY HOUSING VOUCHER (FOR CASES THAT WILL HAVE AN ORP *NOTIFICATION* PLAN):**

**Yes No**

 [ ]  [ ]  Has the applicant been unable to secure a family or personal release address?

 [ ]  [ ]  If on Department supervision post release, is the applicant willing to participate in additional transitional support programming? (leave blank if not applicable)

 [ ]  [ ]  Is the applicant willing to contact the Reentry Housing Assistance Program monthly to update financial needs and housing situation for continued housing assistance?

 [ ]  [ ]  Is the applicant willing to participate in all recommended case management activities, and currently in [compliance](file:///K%3A%5Coffenderprograms%5Cdocs%5CInfraction%20Matrix%201.3%20.pdf) with all facility rules as outlined in the  [Housing Program Infraction Matrix](http://idoc/agency/corrections/docs/housing-voucher-program-infraction-matrix.pdf)?

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| **EXCEPTIONS** |

If an exception is being requested regarding compliance issues or financial eligibility, please attach this [letter](http://idoc/docs/housing/hap-application-exception-letter.pdf) along with the application with details of the financial need or specifically addressing the infraction behavior and steps to move forward.

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| **APPLICANT AGREEMENT** |

I understand that I am applying for a housing voucher. I will abide by all facility rules prior to my release.

[ ]  **Will be under Department supervision:** Compliance and continued voucher eligibility will generally be determined by case review and consultation with the supervising CCO or Specialist.

[ ]  **Will not be under Department supervision:** I will be required to maintain contact with the Reentry Housing Assistance Program for continued assistance. I agree to abide by all housing tenant/lease agreements and understand that continued voucher payments will not be made if contact is lost.

Signature Date

Screener name Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: Housing Voucher Program Administrator

Scan and email signed copy to dochousingassistance@doc1.wa.gov