

**Community Re-Entry Place Inside/Out**

14221 E.4<sup>th</sup> Ave Ste. 330

Aurora, Co. 80011

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**HOUSING APPLICATION**

**A. GENERAL INFORMATION**

1. Date: \_\_\_\_\_

2. DOC# or Case # \_\_\_\_\_

Case Manager Name & Phone #: \_\_\_\_\_

PED/MRD (Release date) \_\_\_\_\_

3. Full Name (First, Middle, Last) \_\_\_\_\_

4. Aliases: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_

6. Social Security #: \_\_\_\_\_ 7. ID or Driver's Licenses State & No: \_\_\_\_\_  
*(You will be required to have SS card/ID/Birth Cert.)*

8. Current Facility and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

10. Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

How Long: \_\_\_\_\_ How Long: \_\_\_\_\_ How long: \_\_\_\_\_ How long: \_\_\_\_\_

11. Are you currently involved in a relationship? \_\_\_\_\_ If so, for how long: \_\_\_\_\_

12. Race: \_\_\_\_\_ 13. Employment status: \_\_\_\_\_

14. U.S. Citizen? Yes \_\_\_ No \_\_\_ 15. Primary Language: \_\_\_\_\_

16. Military Status: Served/Serving U.S. Military: Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

17. Reason for Homelessness/Need for Transitional Living: *(check all that apply)*

Unemployed  Legal Issues/Prison  Divorce  Loss/Death/Disability  Debt

Addiction  Domestic Violence  Refugee  SSI

18. Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. Pregnant: Yes \_\_\_ No \_\_\_ If yes, due date \_\_\_\_\_

20. Children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Physical Custody With? \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**B. FINANCIAL INFORMATION**

1. List all bills you are currently paying including rent, storage, utilities, etc.: \_\_\_\_\_

\_\_\_\_\_

2. List all past bills including student loans. NOTE: This information is for us to help you budget and will not keep you from being accepted: \_\_\_\_\_

\_\_\_\_\_

3. Do you think that you generally manage your money well? \_\_\_\_\_

4. If you are in debt, what do you see as the main cause? \_\_\_\_\_

\_\_\_\_\_

**C. CURRENT HOUSING**

- 1. Describe your current living situation including where you are living (prison, shelter, apartment of your own, apartment of someone else) and your relationship to other people living with you: \_\_\_\_\_
- 2. Housing unit if applicable: \_\_\_\_\_
- 3. How long have you lived in your current situation? \_\_\_\_\_ 4. How much is your current rent? \_\_\_\_\_
- 5. Why do you want to leave your current living situation? \_\_\_\_\_

**D. COPD RECORD:**

1. Please list your convictions below:

Violation:	Date:	Outcome (segregation, LOP, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**E. MEDICAL**

- 1. Do you currently have any health problems that require on going treatment (surgery, medication, physical therapy, etc.)? \_\_\_\_\_
- 2. Have you ever used any illegal drugs? Yes \_\_\_ No \_\_\_ Which ones? \_\_\_\_\_
- 3. What is or was your drug of choice? \_\_\_\_\_
- 4. When was the last time you used drugs? \_\_\_\_\_
- 5. When was the last time you used alcohol? \_\_\_\_\_
- 6. Would you say you have experimented, used regularly, or have an addiction to either drugs or alcohol/or both? \_\_\_\_\_

**F. ALCOHOL/DRUG USE**

- |  |   |   |
|--|---|---|
| <p><b>1. Do you use drugs:</b></p> <ul style="list-style-type: none"> <li>1. Daily</li> <li>2. 1-3 times a week</li> <li>3. Monthly</li> <li>4. 2-4 times a year</li> <li>5. No longer use</li> <li>6. Never used</li> </ul> | <p><b>Do you drink alcohol:</b></p> <ul style="list-style-type: none"> <li>1. Daily</li> <li>2. 1-3 times a week</li> <li>3. Monthly</li> <li>4. 2-4 times a year</li> <li>5. No longer use</li> <li>6. Never used</li> </ul> | <p><b>Do you use either of these:</b></p> <ul style="list-style-type: none"> <li>1. With people</li> <li>2. Alone</li> <li>3. Both</li> </ul> |
|--|---|---|
- 2. Have you ever received in or outpatient treatment for drug or alcohol addiction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so: Where? \_\_\_\_\_ When? \_\_\_\_\_ How long was the program? \_\_\_\_\_  
Did you complete the treatment? Yes \_\_\_ No \_\_\_ Have you relapsed since completing treatment? Yes \_\_\_\_\_ No \_\_\_\_\_
  - 4. Do you smoke cigarettes? Yes \_\_\_ No \_\_\_ 5. Do you have a nicotine addiction? Yes \_\_\_ No \_\_\_\_\_

**G. MENTAL HEALTH**

- 1. Have you ever seen a counselor (one time or ongoing)? \_\_\_\_\_  
If so, for what issues? \_\_\_\_\_
- 2. Have you ever been prescribed or are you currently taking medication for mental health or emotional reasons? Yes \_\_\_ No \_\_\_ 3. **What medications are you taking?** \_\_\_\_\_

4. List any residential programs that you have been in before including hospitals, drugs and alcohol treatment, shelters, transitional programs.

Name	Dates	Reason

5. What kinds of support groups have you attended? \_\_\_\_\_

**H. LEGAL ISSUES**

1. List any arrests and the outcomes to include the conviction you are doing time on now: \_\_\_\_\_

2. Have you received any DUI's or DWI's? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

3. Have you spent any time in jail/prison? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, list each time, length of stay, and reason: \_\_\_\_\_

4. Do you have any outstanding warrants? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what for? \_\_\_\_\_

5. Are you currently on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what for? \_\_\_\_\_

6. What is your probation or parole officer's name? \_\_\_\_\_  
Phone number? \_\_\_\_\_

7. Do you have any pending court cases? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, list what court, county/state, court date and cause or allegations: \_\_\_\_\_

**I. EDUCATION**

1. Highest level of education completed (circle one):

- No Schooling                      5th-6th Grade                      7th-8th Grade                      9th Grade
- 10th Grade                      11th Grade                      High School diploma/GED
- Trade/Vocational School                      Some college                      Some grad school
- College Degree (school and type of degree) \_\_\_\_\_

2. What are your educational or career goals? \_\_\_\_\_

**J. FAMILY HISTORY**

1. Please list **parents** and **all siblings** (including step-siblings):

Name	Relationship	City	How Often Seen
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

**BY SIGNING THIS APPLICATION BELOW, I HEREBY AFFIRM THAT I HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY, I HAVE GIVEN ACCURATE INFORMATION. ALSO, I UNDERSTAND THAT I AM GRANTING LEGAL PERMISSION TO ALLOW COMMUNITY RE-ENTRY PLACE INSIDE/OUT TO OBTAIN**

CBI BACKGROUND CHECK ON ME AND, IF DEEMED NECESSARY, I AGREE TO THE RELEASE OF INFORMATION IN ANY COMMUNICATION WITH ANY OFFICIALS OF THE COLORADO DEPARTMENT OF CORRECTIONS.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE CIRCLE THE AREA YOU ARE APPLYING FOR:

AURORA

GRAND JUNCTION

OKLAHOMA

**Inside/Out  
A Community Re-Entry Place**

We are supporting people who need of a “Re-Entry” back to life that are in the stage of willingness and readiness to go to any lengths in to transform their lives in order to be reconciled to themselves, their loved ones and their community. We are focused on the continued process of helping people make the changes necessary to live a positive healthy lifestyle.

CRPIO is an affordable faith-based Re-Entry transitional housing program for ex-offenders and recovering persons as they transition back into society, and that have the desire to achieve transformation in their lives. Each participant will receive an assessment to determine their eligibility. Eligibility requirements are as follows:

- **Must be at least 18 years of age**
- **Must be 3 months or 90 days sober**
- **Cannot be on any narcotics or narcotic medications**
- **Must commit 6 months to 1 year in the program**
- **Must be 6 months write-up free to apply**

All program participants follow the pathway of “The First Three’s.”

FIRST THREE HOURS	FIRST THREE DAYS	FIRST THREE WEEKS	FIRST THREE MONTHS	FIRST ONE TO THREE YEARS
<ul style="list-style-type: none"> <li>• Meet the individual at the gate upon release</li> <li>• Pick up the resident from halfway house or prison</li> <li>• Visit Parole/Probation/Tasc /Re-entry</li> <li>• Complete intake paperwork and UA</li> <li>• Documentation of medications</li> <li>• Provide basic essentials of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain identification (State ID, Social Security Card, Medicaid, etc.)</li> <li>• Introduce transportation (Bus passes are \$50.00; however, they are a <b>privilege</b>, and are limited)</li> <li>• Connect with food stamp office</li> <li>• Orientation process/assessment</li> <li>• Update address with Medicaid so we can start billing them</li> </ul> <p>*Resident must have support from other residents for the first three to five days whenever leaving the house except for going to work</p>	<ul style="list-style-type: none"> <li>• Determine Parole/Probation schedule</li> <li>• Establish financial responsibility</li> <li>• Introduction to church services</li> <li>• Balance work and activity schedule</li> <li>• Pay weekly rent</li> <li>• GED preparation</li> <li>• Higher education preparation</li> <li>• Counseling (Individual &amp; Group)</li> <li>• Outpatient treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Establish employment “path”</li> <li>• Financial mentorship</li> <li>• Transportation plan</li> <li>• Obtain driver’s license/car insurance</li> <li>• Stability within (CRPIO) housing and program</li> <li>• Running schedule of commitments</li> <li>• Secured mandated programming</li> <li>• Stabilized physical and mental health needs</li> <li>• Fellowship road map fully engaged</li> <li>• Creation of a new community and healthy relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Grow in faith and fellowship within the church and community</li> <li>• Create strategies for achieving goals</li> <li>• Grow in independence with honest self-assessments</li> <li>• Develop deeper ties and positive relationships</li> </ul>

Community Re-Entry Place Inside/Out centers around five basic elements: spiritual development, case management, Christian counseling, literacy and education, and family leadership. This program is developed for those willing to go to any length to change their lives.

**A. Spiritual Development**

Each resident will be given many opportunities for personal spiritual development. This will be offered through morning devotions, Bible enrichment classes, and pastoral faith-based support. As you progress, you will be encouraged to seek more spiritual support outside of (CRPIO) by connecting with a local church, church-related group, or personal spiritual mentor. These support relationships are crucial to your continued growth and health.

## B. Case Management

A chaplain/counselor will provide case management duties that will help each resident address various goals, issues, and struggles. Any questions relating to spiritual, emotional, physical, psychological, legal, financial, or employment-related are encouraged.

## C. Counseling

All participants will enroll in Relapse Prevention Strategies required for the first 24 weeks. A professional clinical chaplain/counselor will provide each resident with a Life Skills group and Bible Study group each week. You will have the opportunity to share matters that are important to you, resolve painful issues, and make healthier choices. (CRPIO) is staffed with certified addictions counselors, licensed professional counselors, psychiatrists, physicians and nurses. We work with Denver Inner City health services to provide your medical needs.

## D. Literacy and Education

Each resident will be given the opportunity to further their education and prepare for a life of successful employment and self-sufficiency. We believe academic discipline is extremely important, and it will help you accomplish your career and/or educational goals.

## E. Work Ethics

This component of the program is designed to teach solid work ethics, professionalism, and self-confidence to prepare you for successful employment. We aim to help you find meaning and value in your work along with learning to balance work with other areas of your life.

## F. Family Leadership

This element of the program is designed to assist you in learning to establish a healthy and nurturing home for your family. Our focus is to help you shape the physical, emotional, and spiritual experiences of your children. It is our job to assist you in reaching your parenting goals, learning more about how you can best meet your child's developmental needs, and developing balance between family, work and other areas of your life.

## RULES OF RESIDENCY

1. Participants must obtain employment outside of CRPIO.
2. Participants who are receiving SSI upon admission to the program must be willing to work part-time or volunteer for CRPIO and other resources.
3. Participants will agree to work with the case manager to prepare a budget and to maintain that budget to the best of their ability.
4. Participants will abstain from dating and relationships during the first 6 months. (If married resident and spouse will be involved with counseling to help them re-connect)

With respect to one another the following rules are to serve as a guideline for all residents of the property. The rules outlined in this document are NOT meant to be limited to what has been included, but are also meant to be used as a guideline by house management in determining the needs of each resident both individually and collectively. Therefore, the house manager reserves the right to modify the rules if such a need occurs. Written notification of any changes will be posted, and reviewed with each resident prior to implementation. Curfew times for (CRPIO) are 10:00pm on Sunday through Friday, and midnight on Friday and Saturday. Adherence is required for any curfews established by parole, when applicable. Whether on parole or not, all residents are expected to fully cooperate and be respectful with parole officers when they visit. **Any violations of the rules or any type of criminal activity can be grounds for immediate removal from this housing. Depending upon the severity, a first violation is considered a warning. A second violation is consideration for possible removal from this housing.** All residents residing on the property must adhere to the following:

- All residents will be required to maintain clean and orderly living areas throughout the house and allow management access to rooms
- Beds must be made every morning and kept neat
- The kitchen and bathrooms must be cleaned after each use
- Eating and drinking is only allowed in the kitchen and dining room area
- Try to conserve energy at all times:
  - The thermostat is to be set at 70 degrees **at all times**
  - Turn off all electrical appliances when leaving the house including- TV's, radios, lights, etc.
  - Rinse dishes thoroughly after each use, and load into the dishwasher. **ONLY** run the dishwasher for full loads
  - Limit showers to no more than 10 minutes. **NO GUESTS** are allowed to use the shower facilities
  - Use the clothes washer/dryer **ONLY** for full loads. **NO GUESTS** are allowed to use the laundry facilities
- Keep the volume of television, radios, and all music devices to a minimum
- Assist management in the upkeep and mowing of the front and backyard
- **NO** candles are to be burned anywhere in the house, including the bedrooms
- **NO** space heaters are allowed anywhere in the house

- NO coffee pots, refrigerators, or hot plates are allowed in the bedrooms
- Smoking is ONLY permitted in the backyard
- NO pets are allowed to live on the property, NO EXCEPTIONS
- No person besides the occupant may enter ANY of the bedrooms without management or approval from management
- **No person of the opposite sex is allowed in any of the bedrooms at any time**
- Men and women may only gather in a coed manner when directed by management for official and or professional purposes
- No Guests are allowed in the house.
- Children of residents are only allowed to visit on a limited basis and must have PRIOR approval from house management

**These rules are for your safety, health and general well-being. By signing this form you are agreeing to be in compliance with ALL rules at ALL times**

I \_\_\_\_\_ have read and understand all requirements, rules and agree to the following requirements for CRP Inside/Out ministry program.

Signature \_\_\_\_\_ Date \_\_\_\_\_