



Inside Out Reentry Community

Application for Housing

Inside Out Reentry Community's Page St House is a healing community for individuals returning to the community after incarceration. Page St House is a home where each resident gets their own bedroom, and shares the common areas such as kitchen, bathrooms and living area. Residents attend Inside Out programming and weekly meetings and agree to be paired with a community mentor. Residents contribute to the shared responsibility of the household by completing 6 hours of cleaning, maintenance, or yardwork each month. Inside Out does not provide medication management services or support with activities of daily living such as bathing, dressing, feeding, etc.

If incarcerated, individuals may apply up to 3 months before their anticipated release date. Applicants have completed an Inside Out intake form and a recent (within the last 12 months) reentry plan prior to, or as part of this application. Contact us if you need assistance filling out the application.

Your Name: _____ **Date:** _____

Are you currently incarcerated?

- If Yes, **what is your anticipated release date/parole hearing?** _____

County of Commitment: _____

In order for Inside Out to maintain our waiting list, we need to have quick access to accurate information regarding parole/discharge dates. Please provide contact information for your correctional counselor below

Counselor Name: _____ **Phone:** _____

Email: _____

- If No, **when were you released from incarceration?** _____

Are you on the lifetime sex offender registry? Yes _____ No _____

Unfortunately, federal funding for the reentry house prohibits us from housing people with a lifetime sexual offender registration requirement. Those with a 2000ft residency restriction are also ineligible. However, everyone is eligible for and very welcome to participate in all other Inside Out programs. Please ask how we can assist you.

In the last three years, have you been evicted from federally assisted housing for drug-related criminal activity? Eviction may, but does not necessarily, disqualify applicants. Yes _____ No _____

Personal Statement – Why do you want to be a part of Inside Out’s housing community?

Income and Assets

Inside Out’s housing is for low-income individuals. Low-income is defined by making less than 30% of the Area Median Income. If your application is approved, you will be required to go through an income verification process.

<p>What is your monthly income? _____</p> <p>Value of household assets: (assets include bank accounts, cash, retirement, etc.) _____</p>	<p>Income Source(s): Check all that apply:</p> <ul style="list-style-type: none"><input type="radio"/> Wages<input type="radio"/> SSI/SDI<input type="radio"/> VA Benefit<input type="radio"/> Other: _____	<p>Asset Source(s): Check all that apply:</p> <ul style="list-style-type: none"><input type="radio"/> Checking Account<input type="radio"/> Savings Account<input type="radio"/> Prepaid Debit Card<input type="radio"/> Cash<input type="radio"/> Pension/IRA/Retirement<input type="radio"/> Other: _____
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Tell us about 5 things that you have done to commit to personal growth during your incarceration. Can include classes you have taken, certifications, personal spiritual practices, employment, activities, clubs etc.

- 1.
- 2.
- 3.
- 4.
- 5.

SIGNATURE: All Applicants must sign application

I understand that Inside Out is relying on this information to prove my eligibility, which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application.

I consent to have Inside Out verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting Inside Out's resident selection criteria.

Signature: _____ **Date:** _____

INSIDE OUT REENTRY
AUTHORIZATION TO OBTAIN/RELEASE PERSONAL OR PROTECTED HEALTH INFORMATION

In order for Inside Out Reentry to screen your application for housing at the Page Street House, we may need to obtain further information to determine your eligibility. Please sign this at the signature line at the bottom of the form:

Name: _____ Date of Birth or other identifier: _____

I, _____, hereby authorize the following agencies to obtain from and release my personal or protected health information to Inside Out Reentry in the manner described below.

Inside Out Reentry, 500 N. Clinton St., Iowa City, IA 52245 is authorized to obtain and disclose information from and to the following

- | | |
|--|---|
| <input type="checkbox"/> Iowa Department of Correction | <input type="checkbox"/> Iowa Department of Correctional Services |
| <input type="checkbox"/> Johnson County Sheriff's Office – Jail Division | <input type="checkbox"/> Shelter House |
| <input type="checkbox"/> Community and Family Resources | <input type="checkbox"/> Mental Health and Disability Services |
| <input type="checkbox"/> Successful Living | <input type="checkbox"/> Housing history including past landlords |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Other (specify) |

I hereby authorize the release of the following information: (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Intake/social history information | <input type="checkbox"/> Mental Health Assessments |
| <input type="checkbox"/> Diagnosis and/or IQ | <input type="checkbox"/> Verbal Exchanges |
| <input type="checkbox"/> Substance Use Treatment Information | <input type="checkbox"/> Housing history including eviction proceedings |
| <input type="checkbox"/> Legal/Court Related Information | <input type="checkbox"/> Other: _____ |

The purpose of the release of this information is for gathering information and data in regard to an application for placement at the Inside Out Page Street Reentry House.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I specifically authorize the release of data and information relating to:

Mental Health Substance Abuse HIV Related.

I know that I do not have to complete this form in order to receive treatment. I know that I have the right to revoke or cancel this authorization in writing at any time. Cancellation will take effect when the program receives my written revocation, except to the extent action has already been taken based on my authorization. I may revoke consent orally for federally assisted drug and alcohol abuse programs. I understand that I may inspect or copy the information to be used or disclosed unless access is restricted by law. Information regarding my health care, including payment for health care, is protected by federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R Part 2). Persons and programs are not allowed to re-disclose alcohol and drug abuse treatment information without my written consent unless permitted to do so by law. Iowa Code chapter 228 and other laws prohibit re-disclosure of mental health, alcohol and drug abuse treatment, HIV/AIDS and other confidential information without my written consent except in certain circumstances. I understand that not every organization that may receive a record is required to follow the rules governing use and disclosure of confidential information; in that circumstance, the information will no longer be protected by law and may be redisclosed without my consent. This authorization will expire one year from signed date unless I revoke it in writing.

Signature of Individual Consenting Date

A photocopy of this signed authorization shall have the same force and effect as this original