



Inside Out Reentry Community

Application for Housing

Reentry House Application Process

Please read before submitting an application:

1. Applications will be complete once Inside Out receives **completed Application for Housing, Intake Form, and Reentry Plan.**
2. Inside Out staff will process the application.
3. If applicant meets the tenant selection criteria, the applicant is placed on a waitlist, and Inside Out will notify the applicant that they are on the waitlist.
4. If applicant does not meet selection criteria, Inside Out will notify the applicant that they are ineligible for residency at Inside Out's reentry house.

When a room becomes available:

1. The applicant at the top of the waitlist is notified, and an interview is scheduled.
2. Financial documents will be requested at the time of interview.
3. Once an interview is conducted, and financial documents are processed, the applicant will be notified of acceptance or denial.
4. If an applicant is accepted but denied parole, they may be asked to resubmit an application prior to their next parole review.
5. Units will not be held for applicants.

Minimum Eligibility Requirements

1. Applicant has been incarcerated (jail, prison, or work release) within 6 months of submission.
2. Applicant has an expected parole/discharge date within 3 months of submission.
3. Applicant is originally from Johnson County or has close personal ties to the area.
4. Applicant makes less than 30% of the area median income.
5. Applicant must agree to an interview with IO staff



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Inside Out Reentry Community's Page St House is a sober healing community for individuals returning to the community after incarceration. 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 daily living activities 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:** _____
 - ☐ **If your county of commitment is not Johnson County, what ties do you have to the area?**

- ☐ If No, **when were you released from incarceration?** _____ *To be eligible, you must have been incarcerated in the last 6 months.*

Counselor Information: 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/parole/probation officer below

Counselor Name: _____ **Phone:** _____

Email: _____

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 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 _____

Please note: *Applicants may be disqualified if they do not have ties to Johnson County, IA, they have not been incarcerated in the past 6 months or have had serious major reports while incarcerated.*

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.

What is your monthly income? _____ Value of household assets: (assets include bank accounts, cash, retirement, etc.) _____	Income Source(s): Check all that apply: <ul style="list-style-type: none"><input type="radio"/> Wages<input type="radio"/> SSI/SDI<input type="radio"/> VA Benefit<input type="radio"/> Other: _____	Asset Source(s): Check all that apply: <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.

What would you hope to accomplish during your stay at the reentry house?

Please review this summary of some of the house agreements. These agreements apply to every tenant, are not negotiable, and serious or repeated violations will lead to eviction. If you are selected for the house, you must sign a lease addendum that will include these agreements.

Inside Out is not affiliated with the Department of Corrections. However, it is the expectation that all Page Street Reentry House residents comply with all parole, probation or other DOC mandated requirements during their stay. Violating these requirements is disruptive to the house environment and well-being of your housemates.

- **Rent must be paid on time. Late fees may accrue for late rent payments**
- **Tenants must complete 2–3-day house orientation**
- **No drug or alcohol use or possession. Violation could be grounds for eviction**
- **Tenants agree to substance testing**
- **No tobacco use in house including electronic cigarettes or vaping**
- **Cameras are present at exterior doors for the security of all tenants**
- **Tenants must attend weekly resident meetings and weekly Inside Out meetings. Meetings are mandatory**
- **Tenants will be paired with a mentor and must be active participants in the mentor program**
- **Tenants must get a job within 2 weeks. Those on SSI/SSDI are expected to volunteer in the community**
- **All Tenants are expected to maintain a peaceful environment for their housemates. Disruptive behavior can be grounds for dismissal**
- **Each Tenant is responsible for their own belongings**
- **No pets allowed in the house**
- **Quiet hours are between 10PM and 8AM**
- **Tenants are expected to use computers, printers and internet access appropriately**
- **No overnight guests anywhere on premises**
- **Residents will notify Inside Out staff if they are going to be away from the house overnight**
- **Each tenant will contribute 6 hours monthly to the cleanliness, maintenance and upkeep of the house**
- **Inside Out staff will have access to Tenant rooms, including room searches when deemed necessary**
- **No alterations to the house are allowed**
- **Stay is up to 24 months and cannot be extended**

Which two or three of these agreements are likely to be the most challenging for you? How will you manage this?

Which agreements do you find the most supportive? Why?

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 fill out accurately to your comfort level, if form is not filled out correctly it may delay processing:**

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, 804 S Capitol St., Iowa City, IA 52240 is authorized to obtain and disclose information from and to the following **(Check all that apply):**

<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"/> Parole or Release information	<input type="checkbox"/> Intake/social history information
<input type="checkbox"/> Disciplinary history	<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

Inside Out Reentry Community

804 S Capitol St, Iowa City, IA 52240

319-338-7996