

Date \_\_\_\_\_

**Offender Re-entry Housing Program (ORHP) Application**

**Attention:** You must be returning to Chittenden County to apply for this program. Please fill out completely and truthfully to the best of your ability, as this application is a screening tool for this program. Anything incomplete or inaccurate could affect our ability to assist you. Please ask a caseworker, parole officer or support person for help if you need it. Also, this program does not have any financial assistance available, so you must have the ability to pay for security deposit and first month's rent, as well as stable employment or other means of paying rent in order for us to be able to assist you.

**GENERAL INFORMATION**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current phone number and/or email address \_\_\_\_\_

If you are incarcerated, which correctional facility \_\_\_\_\_

How long have you been incarcerated? \_\_\_\_\_

Date of minimum \_\_\_\_\_ Date of maximum \_\_\_\_\_

Who is your case worker? \_\_\_\_\_

Who is/will be your parole officer? \_\_\_\_\_

Do you have any type of physical or mental disability? \_\_\_\_\_

If so, do you receive any type of benefits (SSI, SSDI, GA, etc)? \_\_\_\_\_

If yes, what and how much/month? \_\_\_\_\_

**CRIMINAL HISTORY**

Most Recent Charges (w/ date) \_\_\_\_\_

Past Charges (complete list w/ dates) \_\_\_\_\_

What are risk areas for you or things/people/areas you need to stay away from? \_\_\_\_\_

Do you or have you ever struggled with substance abuse? \_\_\_\_\_

If yes, what is your substance of choice? \_\_\_\_\_

If yes, have you received treatment? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_



How much clean time do you have? \_\_\_\_\_

Will there be required programming or treatment upon release? \_\_\_\_\_

If so, which program and how often? \_\_\_\_\_

**EMPLOYMENT**

Please list your employment history and skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a job or have a job lined up for when you get out? \_\_\_\_\_

If yes, where, or with whom? \_\_\_\_\_

How many hours do you/will you work? \_\_\_\_\_

How much do you make per hour? \_\_\_\_\_

If not, what is your plan for obtaining employment? \_\_\_\_\_

\_\_\_\_\_

**HOUSING**

Where do you want to live when you get out? \_\_\_\_\_

Do you want to live with someone else? Who? \_\_\_\_\_

What is your relationship to him/her? \_\_\_\_\_

Do you have any money saved up now? If yes, how much? \_\_\_\_\_

How will you afford security deposit and first month's rent? (The ORHP has no financial assistance available and can only assist those with means to pay for an apartment or that can participate in the Section 8 program) \_\_\_\_\_

How will you pay your monthly rent (i.e. employment wages, SSI, family help, etc.)? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a lease in your name? \_\_\_\_\_

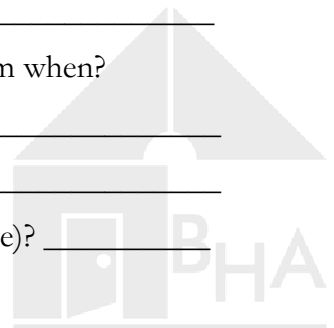
Have you ever paid rent regularly to anyone even if it was a friend or family member? If yes, to whom? \_\_\_\_\_

Do you owe any money to old landlords? If yes, who? How much? From when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has a landlord ever terminated your tenancy (formally asked you to leave)? \_\_\_\_\_



Were you evicted through the court system? \_\_\_\_\_

Have you ever had Section 8, and/or have lived in any public/subsidized housing? If yes, where/when? \_\_\_\_\_

\_\_\_\_\_

If yes, do you owe any money to Section 8? \_\_\_\_\_

Do you owe any money to utility companies for old bills? If yes, to whom? How much? From when? \_\_\_\_\_

\_\_\_\_\_

Do you have children, a spouse or significant other? \_\_\_\_\_

If so, how will they be a part of your life when you get out/get housing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any friends or family you can live with temporarily or permanently (even if they are on the Section 8 Program)? If yes, who, and where do they live? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there restrictions on where you can live, or who you can live near? \_\_\_\_\_

\_\_\_\_\_

Have you applied to (circle if yes): Dismas House, Northern Lights (women only), Good Neighbor Program, Oxford House or Bravo Unit (Transition-Unit)? If not, why not? If so, what was the response? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have credit? If so, it is good or bad? \_\_\_\_\_

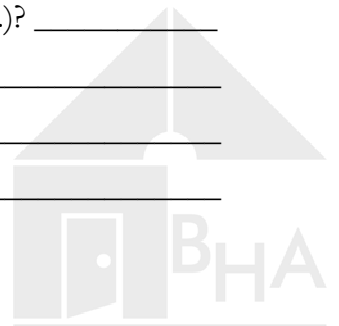
What is your plan for when you get out (i.e., how will you stay out of trouble, what will you do to occupy yourself, how will things be different from before, etc.)? \_\_\_\_\_

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Is there anything else you would like to tell us? \_\_\_\_\_

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**Please return to:**  
**Offender Re-Entry Housing Program**  
**Burlington Housing Authority**  
**65 Main Street, Burlington, VT 05401**  
**Phone: (802) 864-0538/Fax: (802) 658-1286**



**BURLINGTON HOUSING AUTHORITY  
OFFENDER RE-ENTRY HOUSING PROGRAM  
AUTHORIZATION TO USE AND DISCLOSE HEALTH, HOUSING  
AND OTHER INFORMATION FOR HOUSING AND SOCIAL  
SERVICES**

I, \_\_\_\_\_, born on \_\_\_\_\_, authorize the use and disclosure of my personal and confidential information described below, including my personal health information, by and among each of the Cooperating Agencies of the Burlington Housing Authority's ("BHA") Offender Re-Entry Housing Program ("Re-Entry Program"), including the staff of each of the Cooperating Agencies (the "Cooperating Agencies"). The Cooperating Agencies consist of:

- Burlington Community Justice Center
- Winooski Community Justice Center
- Howard Center for Human Services
- Burlington Housing Authority
- Vermont Agency of Human Services including, the Department of Corrections, the Department of Disabilities, Aging and Independent Living, Vocational Rehabilitation and the Department of Health
- State's Attorney
- Public Defender
- VT Association of Business, Industry and Rehabilitation(VABIR)
- Other (identify)\_\_\_\_\_

**THE MEANS OF THIS USE OR DISCLOSURE MAY BE WRITTEN, VERBAL OR ELECTRONIC.**

I understand that the purpose for the sharing and disclosure of my health, housing, alcohol and drug information or other information relevant to my furlough or probation conditions among the staff of the Cooperating Agencies identified above is to allow those staff members to help with my health services, my housing and employment needs, other referral and assessment needs, and, as necessary, develop and implement a coordinated plan to assist with my transition from incarceration to living in the community, consistent with my conditions of furlough or probation.

The information which will be shared among the staff of the Cooperating Agencies is information concerning my:

- Conditions of furlough or probation, including any violations of those conditions;
- Criminal history;
- Mental health history, including treatment;
- Current social networks (for example, family and friends);
- Employment history and income status;
- Drug and alcohol history, including treatment;
- Current suitability for particular housing;

- Current suitability for particular employment possibilities;
- Other: (identify)\_\_\_\_\_

**ADDITIONAL PROVISIONS CONCERNING YOUR AUTHORIZATION:**

My signature indicates that I understand the important information provided in this Authorization.

I understand that I have the right to revoke this Authorization at any time, but revoking this Authorization will not affect any actions which were taken by the Cooperating Agencies in reliance on this Authorization before I revoked it. In addition, I understand that if I revoke this Authorization, it may affect my conditions of release and/or BHA’s willingness to permit my continued participation in the Re-Entry Program. Unless previously revoked by me, this Authorization will remain in effect until one month after the end of my participation in the Re-Entry Program.

I understand that if I want one of more of the Cooperating Agencies to disclose information about me to someone other than one of the Cooperating Agencies or for a purpose other than the purposes described in this Authorization, I will need to sign a separate Authorization to release information.

**I understand that I am not required to sign this Authorization, but that the BHA will not be able to provide services to me under the Re-Entry Program without this signed Authorization. I understand that even if I decline to sign this Authorization, I may apply for BHA services other than participation in the Re-Entry Program.**

I also understand that I may request restrictions on use or disclosure of medical treatment records and information for the purposes described in this Authorization and that the Cooperating Agency in the Re-Entry Program to whom that request is made may or may not agree to the requested restrictions.

I have read all of the above information and I understand its contents. I have been provided with a copy of this signed Authorization.

I understand that information released may include medical, mental health and/or drug and alcohol issues. I understand that if I am in a federally assisted drug or alcohol program, federal regulations (42 CFR Part 2) prohibit the re-disclosure of this information without my written Authorization and as otherwise allowed by the regulations.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Job Title of Person  
Who Explained Authorization Process

\_\_\_\_\_  
Date

### Offender Re-Entry Housing Program (ORHP) Policies

1. Participant must be returning to, and have DOC supervision in, Chittenden County.
2. Participant must have 60 days (documented) free of substance use.
3. Participant must have at least one year left on their current sentence, and will be released on CR (furlough) status.
4. The program is open to applicants with major mental health problems, developmental disabilities, substance abuse issues and/or other physical or mental disabilities. In order for an offender with any of the aforementioned disabilities to be accepted, there must be a treatment team in place upon release of the offender.
5. Program staff will use their discretion to determine who will be accepted into the program.
6. Participant must have full security deposit and first month's rent in place in order to move into an apartment through this program.
7. Upon being offered housing, participant will sign a lease addendum stating that a violation of the participant's lease could be considered a violation of the participant's conditions of release via housing-related conditions (i.e., fulfilling all financial obligations, including rent and program fees; not violating any civil or criminal codes, etc.) and as such, are enforceable by DOC.
8. Upon being offered housing, participant must agree to meet regularly with program staff (weekly, bi-weekly, or monthly as determined by ORHP staff) for the purposes of housing retention and support.
9. The security deposit will not cover last month's rent. If the participant breaks the lease, they automatically forfeit the security deposit. If they have not paid the current month's rent, the participant will owe that amount of rent to the landlord.
10. Participation in the program may be terminated if the participant violates furlough conditions or demonstrates abusive or disrespectful behavior to program staff.

I have read, understand and agree to the above.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

