Homecoming Project - Participant Application

Applicant Personal Information

First Name: _____ Last Name: _____

Date of Birth: _____/_____/_____ Date of Application: _____/_____/_____

CDCR# _____ Current Prison: _____

Parole date: _____ Discharge date: _____

Date of (next) Suitability Board of Parole Hearing: _____

If already found suitable, how many days have passed since? _____ (In other words, what day within the 150-day period are you?)

Sentence length: _____

What is the best way to get in touch with you?): _____

Contact Information (*if paroled*):

Phone Number: _____ Email: _____

Current Address: _____

Applicant Demographic Information:

Race / Ethnicity (please check all that apply)

- ☐ Latino/a/e
- ☐ African American/Black
- ☐ Native American
- ☐ White
- ☐ Pacific Islander
- ☐ East Asian
- ☐ South Asian
- ☐ Something Else

Sexual Orientation

- ☐ Straight
- ☐ Gay
- ☐ Bisexual
- ☐ Lesbian
- ☐ Queer
- ☐ Asexual
- ☐ Questioning
- ☐ Unsure

Gender Identity

- ☐ Man
- ☐ Woman
- ☐ Transgender
- ☐ Genderqueer/Non binary
- ☐ Something Else

Education Level

- ☐ No High School Diploma or GED
- ☐ High School Diploma or GED
- ☐ Some College
- ☐ Associate's Degree
- ☐ Trade Certification
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Something Else

<u>COVID-19 Vaccination</u>

- Have you had at least one Johnson & Johnson COVID-19 vaccine? Or at least 2 Pfizer and/or Moderna COVID-19 vaccine shots? Circle one: Yes / No
    - If you are unvaccinated, do you have a medical or religious exemption? Circle one: Yes / No / Not Applicable

<u>Release Planning</u> – Please fill out all known fields

Supervision

Parole/Probation Officer's Name: _____

Telephone number: _____

Address: _____

Special conditions: _____ (attach additional pages if necessary)

Emergency Contact

Name: _____ Relationship to You: _____

Telephone number: _____

Post-release housing

Do you have a place to live upon release?

Circle one: Yes / No

If yes, what are your current plans for housing upon discharge? Where, with whom, amount of rent (if any), etc.

_____

_____

_____

Living Style Preferences

1. Have you ever had a roommate while *not* incarcerated? Circle one:
    a. Yes / No
2. Would you be annoyed by children living in the home if your host were to have one or more children? Do you prefer not to be around children?
    a. I do not have a preference
    b. I prefer not to be around children
    c. *Other - please tell us more:

_____

_____

3. What are your pet peeves, if any, when it comes to shared housing? (Examples: too dirty/messy, stay up too late with lights on, music too loud, etc.)

_____

_____

_____

4. What do you prefer in a roommate relationship? Do you seek a close friend? Someone you will have little, if any, interaction with?

_____

_____

_____

5. If you have a conflict, what's your communication style? Do you like to verbalize your feelings and have direct communication? Do you tend to yell during arguments?

_____

_____

_____

6. How would you describe your level of cleanliness?

Slob 1 2 3 4 5 6 7 8 9 10 Neat Freak

7. What is your ideal preference for waking up and sleeping? 'Early riser' refers to 6 am, 7 am, 8 am and 'night owl' refers to 9 pm, 10 pm, 11 pm or later than 11 pm.

Early Riser 1 2 3 4 5 6 7 8 9 10 Night Owl

8. How many meals per day would you typically cook? Think, breakfast, lunch, dinner, snacks?

No cooking of meals 1 2 3 4 5 6 7 8 More than 8 a day

9. How many days per week do you see yourself cooking?

Never 1 2 3 4 5 6 Every day

10. Do you prefer to be in a quiet environment or prefer to be in a noisier environment?

Like a library/quiet 1 2 3 4 5 6 7 8 9 Loud & Noisy

11. How do you feel about people touching your items? What about borrowing your stuff?

Let's share! 1 2 3 4 5 6 7 8 9 10 Hands off!

12. Do you smoke? (cigarettes, pot, something else)? Circle one:
    a. Yes
    b. No

13. Do you drink alcohol? Circle one:
    a. Yes
    b. No

14. Do you use drugs? Circle one:
    a. Yes
    b. No

15. What else, if anything, would you like us to know about your living style and/or preferences? For example, do you have any health concerns or conditions you would like to share?

_____

_____

_____

Please Submit Application to:

Impact Justice/The Homecoming Project
2930 Lakeshore Avenue, #300
Oakland, California 94610
homecomingproject@impactjustice.org

Please Note: In order to fully process your application, you must submit supporting documentation with your application. If you do not submit the supporting documentation, we cannot process your application until you send us the documents, and we will need to follow up with you to request those documents.

Required ATTACHMENTS:

- ☐ FACESHEET/LEGAL SUMMARY or CLASSIFICATION DOCUMENTS
- ☐ YOUR COMPAS RESULTS

Review & Signature

By submitting an application and signing below, you are authorizing the Homecoming Project to share your application, personal information and any attached documents to potential hosts for the matching/compatibility process.

Applicant Signature: _____ Date:_____