



Blake's House • His House

**APPLICATION
FOR ADMISSION**

What is Jim Riley Outreach?

Jim Riley Outreach (JRO) operates two private Christian transitional living homes located in Plano, Texas. We are all about helping young adults (ages 18-25) in transition, specifically those aging out of foster care/group homes. We also serve the needs of young adults facing homelessness and without a sustaining network of relationships.

Program Basics:

- 1. Provide a safe place to live.** Each resident has their own bedroom and a shared bathroom.
- 2. Life Skills:** The life skills classes take place Thursday evenings. All classes are taught in an interactive format and will be tailored to the needs of residents. Each month, residents will cover topics surrounding four main areas: Finances, Spiritual Development, Personal Living and Interpersonal Communication.
- 3. Weekly Coaching:** Weekly meetings will occur each week during program stay. Weekly meetings have three main purposes: program assessment, goal setting and checking in. The hope for this time is to spur you on towards your goals and provide accountability towards meeting your objectives.
- 4. Provide mentorships:** JRO helps each resident develop personal relationships with community members that make at least a year-long commitment to act-through relationship—as a team of life specialists, encouragers, and advocates.
- 5. 40 Productive Hours:** Each resident is required to have 40 productive hours each week during their time at the program. (Exceptions will be made during times of illness or for other areas that arise per discretion of the director). Residents must either have full time employment or be enrolled in school and have part time employment. Activities included in the productive hours are: work, school, volunteering, church attendance, counseling and exercise.

Admission Criteria:

- Between the ages of 18-25.
- Aging out of foster care or homeless for other reasons.
- Can manage mental health issues with medication and outpatient treatment.
- Able to pass drug test.
- Looking for long-term solutions instead of short-term fixes.
- Willingness to engage in spiritual discussions/practices.

The Application Process

Step 1: Submit an application.

Step 2: JRO will then review your application, and set up an interview if we feel you to be a good fit for the program. If we do not feel you are a good fit, we will provide additional referrals at this time.

Step 3: The interview- During this time we will get to know you: your goals, your needs, and your support system.

Step 4: Application Gathering- After the interview, we will gather any additional information we need to make an informed decision (reference checks, obtaining records etc).

Step 5: Informed decision- Based on the interview and other factors, we will inform you of your acceptance, or denial. If denial is given, we will provide additional referrals and work with you to find the best fit.

NOTE: The average length of time between application and move-in for most residents is approximately 2 weeks.

Personal information

Contact Info

Legal Name (First and Last) _____

Age _____ Birthdate _____ SS# _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Physical Identifiers

Height: _____ Weight: _____

Race (Optional): White Hispanic Native American Asian African American

Are you a legal resident of the United States? Yes No

How did you learn about JRO?

Friend-Relative Support Person Internet Search

Agency (please describe): _____

Current living situation

Describe your current living situation over the last four months (Select all that apply)

Renting own place or shared housing (paying rent)

Staying with family

With significant other

Transitional housing program / group home

Foster care

Couch surfing / with friends

Hotel

Jail / Prison

Shelter

On the street

Hospital or Treatment Facility

Other. Please describe: _____

Do you feel safe where you are living right now? Yes No

How many places have you lived in during the past year? _____

What keeps you from living with or staying with your family? _____

What happened that has you considering a change in your living situation? _____

Are you currently or have you ever been placed into foster care? _____

IF YES:

when and for how long? _____

did you complete PAL training? _____

name and number of case worker: _____

name and number of CASA worker: _____

Resources

Personal Resources

What are some of your personal strengths? _____

Is there anyone in your life who could help you achieve your goals? If so, please describe:

Do you own/have any of the following? (Check all that apply)

Driver's License or State ID #: _____

Birth Certificate

Health Insurance. If yes, name of company _____

Vehicle. If yes, is it insured? Yes No

Financial Resources

How do you currently support yourself? _____

What regular income do you receive? _____

How do you see supporting yourself at JRO? _____

Do you have a bank account? Yes No

What debts do you currently have? _____

Do you receive government assistance of any kind? Yes No If yes, what: _____

How do you feel about government assistance programs such as DHA and food stamps?

Education

Check Highest Education

GED *High School:* 9 10 11 12 *College:* 1 2 3 4

Other: _____

Do your future plans include completing any of the following? (Please select all applicable) GED High School Vocational Training College Degree

Learning disadvantages/disabilities: _____

If applicable, what is your desired field of study?: _____

Family history & relationships

Please describe your relationship with . . .

Father: _____

Mother: _____

Siblings: _____

Dependent Children-Extended Family: _____

Additional Support Persons: _____

Legal

Have you ever been arrested? Yes No

If yes, for what? _____

Did you do jail time for the offense? Yes No

If yes, when and where? _____

Are you on probation or parole? Yes No (If yes, please answers questions below)

Name of PO: _____ Phone #: _____

Have you been questioned or charged for physical violence against another person?

Yes No

Have you ever been or are you currently associated with a gang? Yes No

How do you feel about different law enforcement officials such as judges and police?

Substance Use/Abuse

Have you ever taken illegal drugs? Yes No

If yes, What have you used? _____

Have you been questioned or charged with the possession or sale of illegal drugs?

Yes No

We require a drug screening to enter the program. Do you think you would pass?

Yes No

Employment history

Please list employment starting with the most recent

Employer _____ **City-State** _____

Title-Position _____ **Salary-Hourly** _____

Supervisor _____ **Phone** _____

Dates of Employment _____

If no longer employed, why did you leave? _____

Employer _____ City-State _____

Title-Position _____ Salary-Hourly _____

Supervisor _____ Phone _____

Dates of Employment _____

If no longer employed, why did you leave? _____

Employer _____ City-State _____

Title-Position _____ Salary-Hourly _____

Supervisor _____ Phone _____

Dates of Employment _____

If no longer employed, why did you leave? _____

Health

Which of the following describes your current general emotional state? (select all that apply)

- Stable
- Unstable
- Happy
- Sad
- Angry
- A little depressed
- Very depressed
- Frequent mood swings

Have you ever had counseling or any other form of therapeutic help?

- Yes
- No

If so, when? _____

Have you ever been treated for wanting to hurt yourself or others?

- Yes
- No

If yes, when? _____

Have you ever received a mental health diagnosis?

- Yes
- No

If yes, when and what diagnosis? _____

What are your views on counseling? _____

Physical Health

Are you taking regular medications (OTC or Prescription)? Yes No

If yes, please list drugs and what they are for: _____

What medical conditions would be important for us to know about? _____

FOR WOMEN ONLY:

Do you think that you may be pregnant? Yes No If yes, have you been tested?: Yes No

Dental Health

When was your last dental exam? _____

Are you having any issues with your teeth right now? Yes No If yes, what? _____

Eye Health

When was your last eye exam? _____

Are you having any issues with your eyes right now? Yes No If yes, what? _____

Smoking

Do you smoke?

- Yes
- No

If yes, how many cigarettes per day? _____

References

List three references who are aware of your situation and could verify your need and willingness to work with the program at JRO.

1. **Name** _____ Relationship _____

Phone _____ Email _____

How long has he/she known you? _____

2. **Name** _____ Relationship _____

Phone _____ Email _____

How long has he/she known you? _____

3. **Name** _____ Relationship _____

Phone _____ Email _____

How long has he/she known you? _____

Comments

What is it about JRO that makes you think it might be a good place for you?

Is there anything else you would like us to know or consider about you regarding your application?

Signatures

By signing below, I understand an application is not a guarantee of admission. I understand my eligibility will be based on the availability of the space in the home. If accepted, I understand that I must sign member handbook and other documents outlining the terms for living at Blake's House/His House to uphold my safety and the safety of the other residents. I understand my references will be contacted to verify the honesty of my statements. If my statements are found to be falsely represented at any point, or I have demonstrated an unwillingness to work within the expectations and terms of my admission, I may be exited from the program immediately. By signing, I also give permission for JRO to request official documents, make professional inquiries and complete a background check to verify the information provided. Lastly, I understand that JRO holds the right to not disclose rationale for denial of admission.

Signature of Applicant

Printed Name

Date

Signature of Witness

Printed Name

Date

For Office Use Only

Date of Application _____ Interview: Yes No (If Yes, Date: _____)

Accepted for Move-In: Yes No (If Yes, move-In Date: _____)

Notes

- _____ Application
- _____ Interview
- _____ Rules
- _____ Background
- _____ Medical Release
- _____ Drug Test
- _____ Move out _____