

Homecoming Project Participant Application

Personal Information

First name: _____ Last name: _____

Date of birth: _____ Phone number: _____

Current prison: _____ CDCR #: _____

Address: _____

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: _____

Contact Information

(Note: If paroled.)

Phone number: _____ Email: _____

Address: _____

Release Planning

(Note: Fill out known fields.)

Supervision

Parole or Probation Officer:

First name: _____ Last name: _____

Phone number: _____

Address: _____

Special conditions (attach additional pages if necessary): _____

Emergency Contact

First name: _____ Last name: _____

Relationship: _____ Phone number: _____

Post-release Housing

Do you have a place to live upon release?

Circle one:

Yes	No
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If yes, what are your current plans for housing upon discharge? Where, with whom, amount of rent (if any), etc.

Living Style Preferences

Have you ever had a roommate while not incarcerated?

Circle one:

Yes	No
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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?

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.)

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

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?

Circle the answer that best describes you:

How would you describe your level of cleanliness?

Slob

1	2	3	4	5	6	7	8	9	10
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 Neat freak

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
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 Night owl

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

Never

1	2	3	4	5	6	7	8
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 More than 8

How many days per week do you see yourself cooking?

Never

1	2	3	4	5	6	7	8	9	10
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 Every day

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	10	Loud & noisy
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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!
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Do you smoke? (cigarettes, pot, something else)?

Circle one:	Yes	No
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Do you drink?

Circle one:	Yes	No
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Do you use drugs?

Circle one:	Yes	No
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What else would you like us to know about your living style and/or preferences?

Please Submit Application to:

Impact Justice/The Homecoming Project
2633 Telegraph Ave, Suite 104
Oakland, California 94612
homecomingproject@impactjustice.org

PLEASE ATTACH FACESHEET/CLASSIFICATION DOCUMENTS ALONG WITH YOUR COMPAS RESULTS

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