



REENTRY HOUSING ASSISTANCE PROGRAM APPLICATION

Screener name, title	Phone number	Request date	Savings amount
Applicant name	DOC number	County of origin	Earned release date

This application is for ERD and Reentry Housing Vouchers. GRE and CPA/FOSA Housing Voucher eligibility is determined by the Program Supervisor.

- Applicant must be found releasable by the ISRB or within 60 days of ERD before application is sent.
- All applications must have a value in the Savings Amount to determine financial need for vouchers.
- 5891 (Community Supervision) Screening must be completed before application.
- Application must be approved before a release plan is submitted utilizing voucher funds.

Vouchers may only be used for releases from a State DOC Facility to an address on the DOC Statewide Transitional Housing Directory. ([STHD](#))

ERD HOUSING VOUCHER (FOR CASES THAT WILL HAVE AN ORP INVESTIGATION PLAN):

Yes No

- Does the applicant require an approved release address?
- Is the applicant willing to participate in all recommended case management activities, and currently in compliance with all facility rules as outlined in the [ERD Housing Voucher Eligibility/Infraction Behavior Matrix?](#)

REENTRY HOUSING VOUCHER (FOR CASES THAT WILL HAVE AN ORP NOTIFICATION PLAN):

Yes No

- Has the applicant been unable to secure a family or personal release address?
- If on Department supervision post release, is the applicant willing to participate in additional transitional support programming? (leave blank if not applicable)
- Is the applicant willing to contact the Reentry Housing Assistance Program monthly to update financial needs and housing situation for continued housing assistance?

EXCEPTIONS

If an exception is being requested regarding compliance issues or financial eligibility, please attach this [letter](#) along with the application with details of the financial need or specifically addressing the infraction behavior and steps to move forward.

APPLICANT AGREEMENT

I understand that I am applying for a housing voucher. I will abide by all facility rules prior to my release.

- Will be under Department supervision:** Compliance and continued voucher eligibility will generally be determined by case review and consultation with the supervising CCO or Specialist.
- Will not be under Department supervision:** I will be required to maintain contact with the Reentry Housing Assistance Program for continued assistance. I agree to abide by all housing tenant/lease agreements and understand that continued voucher payments will not be made if contact is lost.

Signature

Date

Screener name

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: Housing Voucher Program Administrator.
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