APPLICATION FOR SERVICES

Rogue Retreat envisions a community where all homeless have a place to call home and are empowered to strengthen the quality of their lives. We create opportunities for homeless to have hope through affordable housing, accountability and life coaching. There are currently six programs available through Rogue Retreat.

~* EACH ADULT IN THE HOUSEHOLD MUST FILL OUT AND ATTACH A SEPARATE APPLICATION*~

PLEASE READ THE DESCRIPTION FOR EACH PROGRAM AND CHECK THE BOX FOR THOSE YOU WANT TO APPLY FOR.

☐ The first is Restart Retreat. These properties are owned and managed by Rogue Retreat. It is an affordable housing second chance renters program for those who are homeless and need a fresh start. Participants are responsible for paying full rent and utilities.

☐ The second is Housing Retreat, owned by the Housing Authority of Jackson County and co-managed with Rogue Retreat. It is a rent subsidized program for people who are currently and chronically homeless. Participants pay 30% of their adjusted gross income for rent and utilities.

☐ The third is Heather's Haven, a women's recovery house operated by Rogue Retreat for women coming directly from inpatient treatment, referred by one of our treatment partners. Program fee applies.

☐ The fourth is Heather’s Haven Mat House, a women’s recovery house operated by Rogue Retreat for women coming directly from inpatient treatment who are currently on Medically Assisted Treatment, referred by one of our treatment partners. Program fee applies.

☐ The fifth is Harold’s Haven, a men's recovery house operated by Rogue Retreat for men coming directly from inpatient treatment, referred by one of our treatment partners. Program fee applies.

☐ The sixth is Hope Village. These tiny houses are owned and operated by Rogue Retreat and will be a safe place for people experiencing homelessness to live while they address the situations that contributed to their homelessness. There is no running water and no electricity in the houses but all amenities are on site. Program fee applies.

To apply: Applications will be placed on our waiting list according to date and time received, program and bedroom size. Please keep us updated if your contact information, family size, living situation or income changes. Applications may be dropped off at our office at 711 E Main St. #25, Medford, OR 97504 or faxed to 541-690-1670. You need to call once a month to check in 541-499-0880.

_____________________________________________
Print Name

_____________________________________________
Signature

Office Use Only

Unit Size:

Date:

Service Point ID#: Updated

01/14/2019
INCOME ELIGIBILITY FOR ALL PROGRAMS MUST MAKE LESS THAN 50% AREA MEDIAN INCOME BELOW:

<table>
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<tr>
<th>2018 Area Median Income</th>
<th>1 Pers</th>
<th>2 Pers</th>
<th>3 Pers</th>
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<td>50 % AMI mo/yr</td>
<td>$1,720 / $20,650</td>
<td>$1,966 / $23,600</td>
<td>$2,212 / $26,550</td>
<td>$2,454 / $29,450</td>
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ROGUE RETREAT SUPPORTIVE HOUSING PROGRAM REQUIREMENTS

- All participants have the weekly support of a case manager who helps set goals and work towards a better life for themselves and their families.

- All participants receive training on how to care for their apartments by having weekly housing inspections that can be adjusted to bi-weekly and then monthly.

- All participants attend a weekly Life Skills class to connect with other agencies that provide resources and learn how to be successful in all areas of life. Childcare and transportation are provided for the class.

- Rogue Retreat is a drug and alcohol free housing program including THC.

- While program requirements are primarily the same for all programs, the income eligibility, homeless requirements and criminal history component varies by program.

- Restart Retreat, Housing Retreat, Heather’s Haven and Harold’s Haven all require you to have at least 60 days clean and sober prior to being admitted.

- Hope Village does not have any clean time requirements however all residents must demonstrate a willingness to want to be clean and sober and agree to work towards that goal.

711 E Main Street, Medford, OR 97504 ph: 541-499-0880 / fax: 541-690-1670
Email: office@rogueretreat.com ~ Web: www.RogueRetreat.org

Updated
01/14/2019
CONTACT INFORMATION

Full Name: ___________________________________ E-mail address: ______________________________________

Mailing Address (REQUIRED): ________________________________________________________________

City: ___________________________________ ST: ___________ ZIP: _______

Home Phone: ___________________________ Cell Phone: ___________________________ Msg. Phone: ___________________________

INFORMATION REQUIRED FOR ALL HOUSEHOLD MEMBERS (who will live with you at Rogue Retreat): LIST YOURSELF FIRST:
CHECK ALL THAT APPLY: VET = Veteran / SA= Substance Abuse / DV=Domestic Violence / MH= Mental Health Diagnosis

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<tr>
<th>FULL NAME</th>
<th>RELATIONSHIP</th>
<th>BIRTHDAY</th>
<th>GENDER</th>
<th>SS #</th>
<th>VET</th>
<th>SA</th>
<th>DV</th>
<th>MH</th>
<th>OHP ID NUMBER (Indicate Allcare or JCC)</th>
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Where do you sleep at night (be specific): ______________________________________________________

Have you been homeless for one year or more or four or more times in the past 3 years? Yes No
Do you have a therapy animal or pet? Yes No
If yes, describe: ____________________________________________________________
How long have you been in the Medford/Jackson County area? __________________________
If less than 2 years, why did you move to the Medford/Jackson County area?  __________________________

INCOME AND/OR BENEFIT INFORMATION

Current Employer: ___________________________ Supervisor: ___________________________
Work Address: ___________________________ Work Phone: ___________________________
How long have you worked here? ___________ How many hours per week do you work? ___________
How much do you earn per month? ___________
Do you receive SNAP (food stamps)? Yes No AMOUNT: ___________________________

Do you receive income from any other source? (Where from and the amount)
SOURCE: ___________________________ AMOUNT: ___________________________
SOURCE: ___________________________ AMOUNT: ___________________________

HEALTH INSURANCE INFORMATION

Do you currently have health insurance? YES NO

☐ OHP - WHICH ONE? ☐ Jackson Care Connect ☐ All Care ☐ Healthy Kids ☐ Other:
☐ MEDICARE ☐ Employer Provided Health Insurance ☐ Private Insurance ☐ Veteran's Administration Medical

DO YOU REQUIRE A UNIT WITH SPECIAL FEATURES? YES NO

☐ Grab Rails ☐ No Stairs ☐ Wheelchair Accessible ☐ Hearing Impaired Smoke Detector ☐ Other

Updated
01/14/2019
ADDITIONAL CONTACT INFORMATION
Person to be contacted:
Name: ___________________________ Phone: ___________________________
Relationship to you: ___________________________
Home Address: ___________________________
City: ___________________________ State: _______ Zip: __________

LEGAL INFORMATION
Have you been convicted of a crime in the last 7 years? __ Yes __ No
If Yes: How many times in the last 3 yrs.? ______
Are you a registered sex offender? __ Yes __ No
If yes to any, give details:

Are you on: ___ Supervision/Probation ___ Parole
Until when: ___________________________
Name of your parole/probation officer: ___________________________
City ___________________________ State: _______ Zip: __________ Phone: __________

Do you have any pending court cases? ____ Yes ____ No
If yes, give details:

Do you have a valid drivers license? ____ Yes ____ No
If no, do you have a current ID Card? ____ Yes ____ No
Please list your License/ID Number: ___________________________
State issued: ___________________________

INTAKE INFORMATION (Questions 1-9)

PLEASE ANSWER THESE QUESTIONS FULLY AND TO THE BEST OF YOUR KNOWLEDGE SO WE KNOW HOW WE CAN HELP YOU BEST.

1. Tell us about yourself, for example: How did you become homeless? Who are you? What experiences have you had in life that have made you who you are as a person? How do you see yourself in the future, what do you want to be? What are your weaknesses and your strengths? Other than housing, what are your goals and dreams and how can Rogue Retreat help you accomplish them? ____

2. What are your housing barriers? (What keeps you from finding stable housing) examples: Income, Criminal history, No rental history, Bad rental history, Evictions, Poor credit or lack of, etc. ___________________________

3. Are you involved with any community agencies? Who is your Case Manager or Worker? Please include their Phone Number. If you are not currently involved with any agencies please list 4 non related personal references.

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<th>AGENCY / COMPANY</th>
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Do you have any current Physical Health Conditions that have been diagnosed? If yes: do you have a Primary Care Physician? Are you on any prescription medications? If so, what are they? You must provide a current prescription, in your own name, for any and all narcotic medications at the time of interview.


4. Do you have any current Mental Health Conditions that have been diagnosed? If yes: are you a current client at Jackson County Mental Health, Columbia Care or Options? Are you on any prescription medications? If so, what are they? You must provide a current prescription, in your own name, for any and all narcotic medications at the time of interview.


5. Have you ever struggled with any drug or alcohol addiction?  
   _____ Yes  _____ No

   How long have you been clean and sober?  
   Clean date:

   How would you describe your addiction history? Why did you get clean and sober and what is your current level of sobriety?


6. Do you currently attend any clubs, organizations, or groups such as WAV, Family/Roc/Drug court, religious services etc?

   Do you currently attend any recovery meetings or groups?  
   Are they mandated?  
   Yes __ No __

   Do you have a sponsor? __

7. Have you ever struggled with any other kind of addictions? (Gambling, Co-Dependency, Shopping, food, hoarding)
   _____ Yes  _____ No  
   If yes give details including how long:


8. As a client of Rogue Retreat you will be required to meet weekly with your Case Manager, have a weekly inspection of your living unit, attend a weekly Life Skills Class and remain clean and sober. How do you feel about this?


~PLEASE CALL ONCE A MONTH TO CHECK IN AND
IF YOU HAVE ANY CHANGES ON YOUR APPLICATION PLEASE REPORT IT RIGHT AWAY~

APPLICANT SIGNATURE: ___________________________ Date: ___________________