



**ROGUE  
RETREAT**  
*Restoring Lives*

Office Use Only
Unit Size:
Date:

## 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 the **Haven House's**, Women's And Men's recovery house's operated by Rogue Retreat with preference given to people coming directly out of inpatient treatment, referred by one of our treatment partners. Program fee applies.

- Heather's Haven
- Amy's Haven
- Cindy's Haven
- Harold's Haven

The fourth 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.***

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Print Name

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Updated  
10/26/2021

**INCOME ELIGIBILITY FOR ALL PROGRAMS MUST MAKE LESS THAN 50% AREA MEDIAN INCOME BELOW:**

<b>2020 Area Median Income</b>	<b>1 Pers</b>	<b>2 Pers</b>	<b>3 Pers</b>	<b>4 Pers</b>	<b>5 pers</b>
<b>50 % AMI mo/yr</b>	\$ 1,995.83 \$23,950	\$ 2,279.16 / \$27,350	\$2,562.50 / \$30,750	\$2845.83 / \$34,150	\$3075/ \$36,900

**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.

**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

FULL NAME	RELATIONSHIP	BIRTHDAY	GENDE R	SS #	VE T	SA	DV	MH	OHP ID NUMBER (Indicate Allcare or JCC)
	<b>SELF</b>								

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\_

**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: \_\_\_\_\_ Address \_\_\_\_\_

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.

CONTACT NAME	AGENCY / COMPANY	PHONE #
1.		

2.		
3.		
4.		

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:** \_\_\_\_\_

