



FRIENDS OF
GUEST HOUSE
ALEXANDRIA

Thank you for your interest in the Guest House Outreach Program. We are a community-support program for justice-involved or at-risk women in the city of Alexandria and counties of Arlington and Fairfax, VA. We work with clients in two capacities: Emergency Services (less than 3 months) and Case Management (6 months – 2 years). The goal of the Outreach Program is to provide access to services and to assist women with positive re-integration into the community.

What Guest House will provide for up to 2 years:

- Overall case management, with active involvement from case manager
- Access to resources
 - Referrals to food and clothing programs
 - Referrals to mental health (if applicable)
 - Referral to housing programs where applicable
 - Assistance and referrals for employment and housing searching
- Actively participating in treatment planning as it relates to: medical, dental, psychiatric, legal, and social services
- Supervising completion of community service hours
- Assistance with clothing or household items (restrictions apply)
- Financial assistance (restrictions apply)

What Client agrees to:

- Follow through with all appointments
 - (providing a 24-hour cancellation notice to case manager)
- Be willing to make Outreach a part of the probation contract (if applicable)
- Permit Case Manager to communicate with other service providers and participate in treatment team meetings
- Work on goals with case manager, and actively pursue them
- Check in with case manager by phone or text at least 1 time per week
- Be open to suggestions and ideas provided by case manager (i.e. mental health assistance, counseling, medical assistance, support groups, etc.)
- Be respectful of staff and all participants of Guest House
- Pay it forward. Guest House encourages clients and alumnae to volunteer time and resources to women newly entering the program by:
 - Informing clients of job openings, escorting new residents, attending groups, helping with moves etc.

It is mandatory that the 2 items listed below are fully complete before considering your application.

- 1. Completed application**
- 2. Consent for release of information, to allow Guest House to receive your pre/post sentence report.**

All items will need to be on file before a decision can be made. Please send all items to:
Friends of Guest House, ATTN: **Outreach Programs Manager**, One East Luray Avenue, Alexandria, VA, 22301



FRIENDS OF
GUEST HOUSE
ALEXANDRIA

OUTREACH APPLICATION

General Information

Name: _____

Last

First

MI

Date of Birth: _____

Race/Ethnicity _____

Are you a: New Client

Returning Client

English as first language? _____

Other languages spoken _____

How referred? _____

Needs: (Please list your top 3 needs)

1) _____

2) _____

3) _____

Housing and Contact information

Permanent _____ Transitional _____ Shelter _____ Friend/Family _____ Other _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Number: _____

Email: _____

Who are/ will you be living with? (Use back of page if necessary) N/A _____

Name _____ Relationship (age for children) _____

Name _____ Relationship (age for children) _____

Name _____ Relationship (age for children) _____

Name _____ Relationship (age for children) _____

Name _____ Relationship (age for children) _____

Emergency contact: _____ Relationship: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you have a sponsor? Yes No N/A

Name: _____ How long: _____

Phone Number: _____

Court Involvement:

Currently Incarcerated: _____ Where: _____ Release Date: _____

Will you be/ are you on court supervision? Yes No Length of Supervision or end date: _____

Where: _____

Probation Officer: _____ PO Phone Number: _____

Education:

Do you have a high school diploma or GED? _____

Have you completed and vocational or college training? Yes _____ No _____

Income:

Employed: Yes _____ No _____ # of Hours _____ Rate _____

Benefits: SSI/SSDI \$ _____ TANF \$ _____ SNAP \$ _____ Other \$ _____

Mental Health/Health Care:

Are you receiving Mental Health services? Yes No Diagnosis: _____

Are you on medications for these? Yes No Which? _____

Are you currently receiving substance abuse services? Yes No

Where? _____

Case Manager/Counselor Name and Phone: _____

Please list any health concerns or issues: _____

I affirm that all the information I have provided is true to the best of my knowledge. I also affirm that I am willingly applying to the Guest House Outreach Program, and I know that it consists of a commitment to receive 6-24 months of case management services.

Signature of Applicant

Date

Department of Corrections
Consent for Release of Information

I, _____, the undersigned hereby authorize any agency, institution, public or private, or person to release any information they may have concerning me or my background to a Department of Corrections authorized agent. Implicit to this authorization is that a Department of Corrections authorized agent may release to you any necessary information regarding me to facilitate this request.

This consent and authorization for release of information shall include such information as it relates to my emotional, mental, or physical health, medical records, school records, tests scores, academic or behavioral memoranda, all court records, employment records (both past and present), and any possible military history.

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

Signature of Client	Date
----------------------------	-------------

Substance Abuse Disclosure
Consent Authorization
If applicable

I, _____, the undersigned, hereby authorize the Virginia Department of Corrections, The Virginia Parole Board, and/or the Virginia Courts and their agents to receive and to release confidential information on my history or drug and/or alcohol use in their knowledge, possession, or records for the purposes of identifying, diagnosis, prognosis, and/or treatment by the Courts in sentencing, the Virginia Department of Corrections and the Virginia Parole Board in the investigation and/or supervision of my case for probation and/or parole (to include any future application for supervision transfer to a member of the Interstate Compact).

I understand that (1) the use, disclosure, and re-disclosure, of such information is made only in the investigation and/or supervision of my case, (2) while under investigation and/or supervision, I cannot revoke this consent; and (3) this consent will terminate upon my release from the custody of the Courts, Virginia Department of Corrections, Virginia Parole Board and their authorize agents (to include members of the Interstate Compact).

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

Signature of Client	Date
----------------------------	-------------



FRIENDS OF
GUEST HOUSE
ALEXANDRIA

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, (Name of Client), _____ () authorize *Friends of Guest*

House to disclose (type, amount of, and time period of information to be disclosed)

employment, medical, housing, clothing, educational, emotional, mental health, legal, family assistance, and other information related to my residential, aftercare, and outreach component of care to _____ . I further authorize _____ to release information to *Friends of Guest House*.

The designated information about me () may () may not be transmitted by fax, electronic mail, or other electronic file transfer mechanisms. The provider of the information and the recipient designated above () may () may not discuss by telephone the content of the information released.

This request and authorization to release information is based on my understanding of the content of my records, the use of the information once it is released, and my understanding that the source providing the information cannot be responsible for the protection of my privacy once the information is conveyed. I release the source of information from all liability arising from the release. I understand that the recipient of the requested information is prohibited by federal law (Code of Federal Regulations 42, Part 2) from making any further disclosure of it without my specific written permission. I understand that this release of information is intended to allow me to provide my informed consent for an exception to my confidentiality and the protection of my privacy guaranteed under federal law, including but not limited to the Federal Privacy Act of 1974 (P.L. 93-579), the Freedom of Information Act of 1974 (P.L. 93-502), and the Code of Federal Regulations 42, Part 2.

This consent is subject to revocation at any time except to the extent that the program instructed to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate on (date, event, or condition) _____.

Signature of Client: _____ Date: _____

Signature of witness: _____ Date: _____