



### **Program / Residential Application Important Information**

People who choose to enroll and actively participate in the WAGEES program are eligible to receive services such as; Employment Preparation and Placement, Work Clothing and Tool Assistance (pay for clothing/boots/shoes required by employer or clothing for interviews, also for small tools required by employers) Mentoring, Identification Acquisition (i.e. fees for Driver's License, Birth Certificate, etc.), Vocational Training Cost Assistance, Transportation Assistance (bus passes or tickets to help attend work and WAGEES activities), Gang Disengagement, Medical Benefits Acquisition (medical and mental health), Housing Assistance (limited housing rent), Family Reunification/Parenting, Education Assistance (fee for classes and books) and more. If someone is only seeking transportation or housing assistance without the other services then the WAGEES program is not for them. The only eligibility requirements are; (1) that you currently be on parole and (2) you fall into medium or high risk on the LSI.

Applicants to the residential program must not be applying or intend to apply for social security/disability as this is a "go to work" program.

**I have read and understand the above information about The Rock Found residential program.**

Date: \_\_\_\_\_

Program / Residential Application Name: \_\_\_\_\_

DOC ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: Married  Single

Children: Yes  No  If Yes: Ages of Minor Children \_\_\_\_\_

Do you have a disabling condition? Yes  No  If Yes: Addiction  Mental  Physical

Military Background: Yes  No

**Education:**

Highest Level Completed: 8<sup>th</sup> grade or less  9<sup>th</sup> or 10<sup>th</sup> grade  11<sup>th</sup> grade  GED  High School diploma  AA or technical certificate/degree  Bachelor's Degree  Graduate Degree

**Future educational goals?**

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Have you ever had a learning disability? Yes  No

**Employment History:**

The longest time you have stayed at one place of employment: Less than 1 year  1-2 years  3-4 years  5-6 years  7-10 years  10+ years  None

**Work related skills:**

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**Future Employment Goals:**

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**Disability:**

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**Health:**

Please describe any health problems:

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Current prescription medications? Yes  No  For what reason(s)

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History of physical abuse: Yes  No       Sexual abuse: Yes  No       Self-mutilation: Yes  No   
History of suicide attempt: Yes  No

Substance abuse history: Alcohol  Marijuana  Cocaine  Illegal Narcotics  Prescription Drugs   
Methamphetamines

Do you have physical work limitations? Yes  No  If yes, please identify below.

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**Please describe your offense in detail:**

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**Please list any treatment you have had while incarcerated:**

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**Please list your work experience before and during your incarceration:**

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