

RECKER'S OUTREACH LLC
INTAKE & ENROLLMENT PACKET

(Transitional Housing + Program Participation System)

SECTION 1: PROGRAM OVERVIEW & PARTICIPANT ACKNOWLEDGMENT

Program Overview

Recker's Outreach LLC provides transitional housing and structured support services to assist Veterans in achieving:

- Employment stability
- Financial independence
- Permanent housing
- Successful reintegration into civilian life

Participant Acknowledgment

By signing below, I acknowledge:

- I am entering a **program-based housing environment (not a traditional lease)**
- My housing is **conditional upon compliance and participation**
- I agree to follow all program policies, expectations, and requirements

Participant Signature: _____ **Date:** _____

SECTION 2: CLIENT INTAKE PROFILE

Basic Information

- Full Name (including aliases): _____
- Date of Birth: _____
- SSN: _____
- Phone: _____
- Email: _____
- Gender: _____
- Race/Ethnicity: _____

Veteran Status

- Veteran / Active Duty: ☐ Yes ☐ No
- Branch: _____
- Discharge Status: _____
- Registered with VA: ☐ Yes ☐ No

SECTION 3: HOUSING & HOMELESS STATUS (HUD-ALIGNED)

Current Living Situation

- ☐ Emergency shelter
- ☐ Transitional housing
- ☐ Unsheltered (street, vehicle, etc.)
- ☐ Institutional discharge
- ☐ Staying with family/friends
- ☐ Other: _____

Length of Homelessness: _____

Episodes in last 3 years: _____

Primary Cause of Homelessness

- ☐ Job loss
- ☐ Mental health
- ☐ Substance use
- ☐ Domestic violence
- ☐ Eviction
- ☐ Other: _____

SECTION 4: INCOME & BENEFITS

Monthly Income

- Employment: \$_____
- SSI/SSDI: \$_____
- VA Benefits: \$_____
- Other: \$_____

Non-Cash Benefits

☐ SNAP ☐ WIC ☐ TANF ☐ Section 8 ☐ Other: _____

Health Coverage

☐ Medicaid ☐ VA ☐ Private ☐ None

SECTION 5: HEALTH & RISK SCREENING

Check all that apply:

- ☐ Physical disability
- ☐ Mental health condition
- ☐ Substance use concern
- ☐ Chronic illness
- ☐ HIV/AIDS

Currently receiving treatment? ☐ Yes ☐ No

Provider: _____

SECTION 6: LEGAL & BACKGROUND DISCLOSURE

- Prior felony: ☐ Yes ☐ No
- On probation/parole: ☐ Yes ☐ No
- Pending court cases: ☐ Yes ☐ No

Details: _____

SECTION 7: EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

SECTION 8: INDIVIDUAL DEVELOPMENT PLAN (IDP)

Veteran Goals

1. _____

2. _____

3. _____

Milestone Phases

Community Engagement Requirement

Residents who are not currently employed are required to actively participate in community engagement activities as part of their program participation.

- A minimum of five (5) hours per weekend (Saturday and/or Sunday) is required
- Community engagement activities may include, but are not limited to:
 - Community clean-up projects
 - Volunteer service initiatives
 - Support for local nonprofit or outreach events
 - Program-sponsored service activities

Participation in community engagement serves to:

- Build structure and accountability
- Develop work readiness and soft skills
- Reinforce community connection and purpose

Exemptions

Residents are exempt from the weekend community engagement requirement if:

- They are actively employed and working scheduled hours
- They have an approved schedule conflict (e.g., verified interviews, medical appointments)
- They receive prior approval from program leadership

Compliance

- Participation must be documented and may require sign-in verification
- Failure to meet the minimum requirement without approved exemption may result in:
 - Verbal or written warning
 - Corrective action plan
 - Impact on eligibility for program extensions

Consistent participation in community engagement activities will be considered a measurable indicator of program compliance and may directly impact continued residency and advancement within the program.

First 30 Days (Stabilization)

- Mental Health Evaluation: _____
- VA Claims/Benefits: _____
 - Copy of 214: _____
 - Copy of Claims Status: _____
 - Copy of Benefits Status: _____
- Personal Stabilization (“Cleanse”): _____

First 90 Days (Foundation)

- Health and Human Services Assessment: _____
- Social Security Assessment: _____
- Peer Network: _____
- Education/Training: _____
 - Resume: _____
- Self-Esteem Development: _____
- Employment Services Enrollment: _____
 - Borderplex Registration: _____
 - TVC Registration: _____
 - Indeed/LinkedIn Account: _____
- Assistance Applications: _____
 - Endeavors: _____
 - HUD/HUD-VASH: _____
 - GI Forum: _____

Second 90 Days (Growth)

- Steady Employment: _____

- Self-Confidence: _____
- Clinical Services: _____
- Utility Payments: _____

Third 90 Days (Transition)

- Housing Search: _____
- Rent Readiness: _____



SECTION 9: TRANSITIONAL HOUSING LICENSE AGREEMENT

Property Address

3801 Memphis Ave, El Paso, TX 79930

Legal Status

- This is a **revocable license**, not a lease
- No landlord-tenant relationship is intended unless required by Texas law
- Residency is **conditional upon compliance**

Term

- Initial: 90 days
- Extensions: Based on compliance
- Maximum: 270 days

Standards of Conduct

Residents must:

- Maintain cleanliness – Must be presentable, dishes cleaned after use; trash taken out when full.
- Actively seek employment – A minimum of 5 applications per week required
- Communicate honestly – Open line of communication and transparency required
- Respect all residents and staff

Curfew

- 10:30 PM (Sun–Thurs)

- 11:30 PM (Fri–Sat)

Substance Policy

- No illegal drugs – automatic termination
- Limited alcohol allowed – unless restricted by an enrolled program
- No returning intoxicated – automatic termination

Program Monitoring

- Weekly check-ins
- Inspections
- Documentation required

Disciplinary Process

- Verbal Warning
- Written Warning
- Corrective Plan
- Termination

Immediate Termination

- Drug use
- Violence
- Criminal activity
- Refusal to participate

Termination

- 24–72-hour notice (unless otherwise required by law)

SECTION 10: REQUIRED LEGAL CONSENTS

Release of Information

Participant authorizes:

- Verification of information

- Coordination with service providers

Liability Waiver

Participant acknowledges:

- Participation is voluntary
- Program is not liable for injury or loss

Confidentiality & Data Use

- Data may be used for reporting and funding
- Information handled confidentially

Media Release (Optional)

☐ Approve ☐ Decline

SECTION 11: PROGRAM CONSENTS

Participant agrees to:

- Case management participation
- Data tracking for funding
- Follow-up at 3, 6, and 12 months post-exit

SECTION 12: FINAL CERTIFICATION

I certify that:

- All information provided is accurate
- I understand program expectations
- I agree to comply with all requirements

Participant Signature: _____ **Date:** _____

Program Representative: _____ **Date:** _____