
Program Application

Updated 11/4/2024

About FHC RentReady: The Family Health Center of Marshfield, Inc. (FHC) RentReady program provides support to individuals who have been in recovery from substance use for at least six months and are ready to seek independent housing. Participants accepted into the program will receive budget and rental education, create documentation to share with a landlord, be connected with a peer support professional (recovery coach and/or peer specialist) for ongoing support, and receive assistance in securing a lease with a local landlord. Applicants must live/be willing to live in Clark or Wood County and have at least six full months of recovery from substance use at the time their application is submitted.

The FHC RentReady Program does not offer emergency, immediate, or long-term rental assistance. The program provides payment for your **security deposit and first month of rent** after you have completed program requirements. Participants will pay their monthly rent beginning in the second month of their secured lease. Participants admitted to the program will be matched to a property that is no more than 40% of their monthly household income.

To Apply:

- Send your completed application to FHC.
- You will receive notification of receipt of your application within 2 weeks. ***You will receive an update on your application status whether you are offered an interview or not.***
- After reviewing your application, you will be contacted to verify eligibility. You may be offered a brief interview coordinated by FHC and Three Bridges Recovery.
- After completing your interview, you will be provided notification of your admission status within 1 week.

If Admitted to the Program:

- Requirements must be completed within 6 months, including: Completion of Rent Smart Training, Rental Portfolio, Rental Budget, and written Wellness Plan.
- Detailed information will be provided upon admission to the program.
 - If you have successfully completed a Rent Smart training course within 6 months of submitting your application, you will not have to take it again.
 - You will be connected to a peer support professional (recovery coach and/or peer specialist) if you do not already have one. Maintaining an active coaching relationship is required for the duration of the program.

After Securing Housing:

- You are encouraged to participate in regular walkthroughs as determined by your team:
 - The walkthrough will include you, your landlord, and one other person.
- You will receive ongoing peer support throughout the duration of your lease.
- After one year, you may renew your lease with your current landlord or allow your new rental history to assist you as you find another lease.

For additional information, please contact:

Family Health Center of Marshfield, Inc., Community Partnerships & Programs Team at
familyhealthcenteroutreach@familyhealthcenter.org

Application

Please return your completed application to the Family Health Center Community Partnerships & Programs team via email to: familyhealthcenteroutreach@familyhealthcenter.org.

Personal Information/Demographics:

Name: _____

Current Address: _____

City State ZIP

County: _____

Phone: _____ Email: _____

Current Age: _____ Gender Identity: _____ Race/Ethnicity: _____

I currently have at least 6 months sustained sobriety/recovery time. YES NO

Referral Information:

Agency: _____

Contact Name: _____

Phone Number: _____

If you are applying without an agency referral, you must be connected to a peer support professional prior to admission to the program. We will help facilitate this.

Do you have any pending legal charges? YES NO

Checking yes will not exclude you from program participation but helps to identify what additional support you might need.

Rental Information:

I will be the only tenant: YES NO

Please list the **first** name(s) and age(s) of others who would live with you, including partner and dependents:

First Name: _____ Age: _____

First Name: _____ Age: _____

First Name: _____ Age: _____

Applicant is currently pregnant: YES NO

Applicant is parent/guardian (primary or shared custody) of a child under the age of 5: YES NO

This information is confidential. It is only used to determine the funding that will be used and additional program support you may be eligible for.

Will you have any pets living with you? YES NO

If yes, please list how many and what type of animal. _____

Please note: We cannot guarantee that all rental units will accept pets. Some may require additional fees and/or proof of vaccination.

Please use the space below to respond to the following questions with as much detail as you are comfortable with.

Recovery Status/Current Programs:

- How long you have been in recovery (applicants must be at least 6 months when applying)?
- List any programs you participate in (e.g., treatment court, parenting class, AA/NA, etc.)

Recovery Goals:

Please share any barriers you might have to securing housing:

Current Income/Job Status:

- Do you have a source of income?
- List how many hours per week and average monthly income/hourly pay rate

Describe your current living environment:

Rent Smart Training:

Individuals who are admitted to the program will be required to complete the University of Wisconsin – Madison, Division of Extension Rent Smart Program.

If you have completed Rent Smart within 6 months of applying for the FHC RentReady Program, you will not have to take the class again.

I have attended a Rent Smart Training in the past six months: YES NO

If yes, please list the date you completed the training.

 MM/DD/YYYY

I have completed my Rent Smart Rental Portfolio and Budget: YES NO

If you had your completed portfolio reviewed, please list the date and by whom.

 MM/DD/YYYY

If you have your portfolio completed but it has not been reviewed, we can help to facilitate this with a Rent Smart Educator.

 Name

Peer Support (Recovery Coach and/or Peer Specialist):

Do you have an established/active relationship with a peer recovery support provider (recovery coach and/or peer specialist)? YES NO

If yes, please list the name of the individual(s) you work with: _____

List the date of your most recent contact/meeting: _____

 MM/DD/YYYY

If admitted to the program, applicants who have answered no will be connected to a peer support professional from a local Recovery Community Organization to support your success in the program and help you reach your recovery goals.

Release of Information

By applying, I understand that information will be shared with FHC RentReady program partners as necessary to facilitate participation, including but not limited to: Three Bridges Recovery of Wisconsin, Inc., University of Wisconsin – Madison, Division of Extension, and local landlords. I understand that this is a voluntary program, and I may withdraw at any time.

Printed Name: _____

Signature: _____

Date: _____