



## IMMERSION PROGRAM INITIAL CONTACT FORM

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Name (Prospective Participant)

Date of Visit

State ID/DOC ID

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Location/Address of Visit

Staff/Volunteer(s)

IMMERSION Site

### St. Vincent de Paul

St. Vincent de Paul (SVdP) is an international faith-based charitable organization of men and women volunteers (“Vincentians”) who strive to grow spiritually by offering tangible support and person-to-person services to individuals in need. It is this personalized involvement that makes the work of SVdP unique. The support included in the SVdP IMMERSION Program may take the form of intervention, consultation, direct dollar or in-kind service. An essential precept of the SVdP IMMERSION work is to provide help while conscientiously maintaining the confidentiality and dignity of those we serve. SVdP recognizes that it must assume a role of advocacy for those who are defenseless, voiceless or marginalized.

### The National IMMERSION Reentry Program

The SVdP IMMERSION Reentry Program focuses on the special needs and challenges of returning citizens – those returning to our communities from incarceration. We believe that poverty is a term that is not only defined in terms of financial well-being, but also a term that can reflect a variety of conditions to include spiritual, social and relational well-being, adequate support system, and adequate access to resources needed to navigate the roadblocks to self-sufficiency.

Our goal is to provide a welcoming network of support and wrap-around services to returning citizens and their families and loved ones in navigating the unique challenges of returning home. SVdP IMMERSION seeks to assist our participants in accessing resources that are unavailable to them due to social barriers which prevent them from reaching a positive and productive return to their communities.

The SVdP IMMERSION Program provides food, clothing and furniture, continuing education, financial assistance, mentors, job training partnerships and collaboration with other like-minded community agencies, and much more.

The Society of St. Vincent de Paul is an equal opportunity service provider. SVdP IMMERSION sites are identified on our website at [www.immersionreentry.org](http://www.immersionreentry.org).

## The Local IMMERSION Reentry Program

The local St. Vincent de Paul (SVdP) IMMERSION site provides limited supportive services to citizens returning to our community upon release from incarceration. This form documents a contact by SVdP volunteers and/or staff for the purpose of explaining services available at our location and to determine if you wish to enter a relationship with our organization as a SVdP IMMERSION Participant.

Please mark the checkbox below after the topic was discussed.

- The prospective participant was advised of the resources and kinds of supportive services offered locally.
- Both parties agree to maintain a mutually cordial, courteous, respectful and collaborative relationship to assist the program associate in developing and executing their personal self-sufficiency plan. Mutual commitment to regular personal meetings is expected.
- Involvement in this SVdP IMMERSION program is completely voluntary.
- This relationship can be ended at any time by either party for no cause.
- Self-sufficiency assessments will be conducted by SVdP IMMERSION Volunteers at formal intake, quarterly and upon program exit, to:
  - Highlight SVdP IMMERSION programmatic commitment to self-sufficiency
  - Demonstrate SVdP IMMERSION commitment to cultivating a holistic understanding of challenges for those returning from incarceration
  - Identify other possible ways the IMMERSION Participant may benefit from all the available SVdP IMMERSION programming as well as those of our community partners'
  - Assure any new needs are timely identified and addressed.
  - Evaluate the SVdP IMMERSION program effectiveness while identifying priority focus areas and opportunities for improvement
- Participants are free to decline to answer any self-sufficiency assessment questions without impacting access to available services.
- The duration of each voluntary involvement as a Participant is dependent on their own assessment of needs and goals. The SVdP IMMERSION program believes that best chances of success include a relationship to continue for a minimum of 6 months, and possibly if 3 years, depending upon identified needs and challenges.



## Qualifying Services/Groups

- VA Benefits
- Vocational Rehab
- Federal, State, County Programs
- Government Food Assistance
- Other Funding (describe): \_\_\_\_\_

## Alt. Contact/Relative or Friend

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First Name	Last Name	Relationship	
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Street Address	City	State	Zip
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Phone Number	Email Address		

## Background Information

### Gender (check one)

- Male    Female    Other \_\_\_\_\_

### Veteran Status

- Active    Served    Did Not Serve

### Race (check one)

- African American/Black  
 Hispanic or Latino  
 Native Hawaiian/Pacific Islander  
 Other: \_\_\_\_\_

- Asian  
 Native American  
 White  
 Decline to answer

Have you been Incarcerated?

Yes  No

Have you been affected by family being incarcerated?

Yes  No

Have you experienced foster care?

Yes  No

## Employment Information

### Employment or Source of Income

I am employed and make \$ \_\_\_\_\_ per  Week  Month  Hour (check one)

I am unemployed and:

Have the following employable skills	Am seeking the following job
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## Housing Information

### Housing Status

Literally Homeless     
 Imminently Homeless     
 Transitional Housing  
 Rent     
 Own

### Household Make-Up (including self)

No. of Adults \_\_\_\_\_ No. of Children (under 18) \_\_\_\_\_

### Household Income/Expenses

Monthly Income \$ \_\_\_\_\_ Monthly Expenses \$ \_\_\_\_\_

### Transportation Information

Driver's License?     Yes License No. \_\_\_\_\_  
                                   No

ID Needed?       Yes  No

### Transportation Status

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## IMMERSION PARTICIPANT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

In consideration of the services to be undertaken or rendered on my behalf by the Society of St. Vincent de Paul IMMERSION Program, its members, agents or affiliated organizations (hereinafter referred to as "SVdP"), I, the IMMERSION Participant \_\_\_\_\_, hereby authorize SVdP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVdP IMMERSION in relation to the services to be rendered. I hereby release SVdP IMMERSION from all liability in any way related to the receipt and/or release of said confidential information.

I further understand that the release of this information does not guarantee that assistance will be provided, but that without such information my case cannot be presented to the Conference/ Council for consideration.

## IMMERSION PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_ in consideration of the risk of injury while participating in the SVdP Immersion Reentry Program and as consideration for the right to participate in volunteering, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any all rights, claims or causes of action of any kind whatsoever arising out of my participation in volunteering, and do hereby release, indemnify and hold harmless The Society of St. Vincent De Paul, their affiliates, managers, officers, directors, employees, members, agents, attorneys, staff, other volunteers, representatives, predecessors, successors and assigns.

I assume all related risks associated with traveling to and from all well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and death.

If any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions or neglect or recklessness.

I further agree to abide by all the rules and regulations as in hereafter amended or supplemented, established by The Society of St. Vincent De Paul, applicable to the authorized use of the premises, and I agree that the use of the premises may be canceled at any time, without prior notice or warning and that I disclaim any recourse in the event of such cancellation and agree to immediately vacate the premises upon request.

I, the undersigned IMMERSION participant, certify that I have fully read this agreement, that I fully understand its content and that this release cannot be modified orally. I am releasing and waiving certain potential rights held by myself, and voluntarily and freely agree to the terms and conditions set forth. For any inquiries please contact St. Vincent de Paul IMMERSION Staff.

## IMMERSION PARTICIPANT BACKGROUND CHECK WAIVER

I am an applicant for Immersion Reentry Program with the Society of St. Vincent de Paul. As part of my application for participation in the IMMERSION Program, I hereby voluntarily submit to a complete background check to be conducted for the benefit of the Society of St. Vincent de Paul. I am providing confidential information to be used only for the background check. I hereby waive any claim I may have or which may arise due to the use of such information.

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Full Legal Name

Other Names Used

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State of Birth

Date of Birth

Social Security #

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Street Address

City

State

Zip

I direct that this information be used only for the purpose of obtaining background records as part of my application for employment. No other release of my confidential information may be made without my further consent.

## IMMERSION PARTICIPANT SIGNATURE

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Participant Signature

Date

Witnessed by

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Authorized SVdP IMMERSION Representative

Date