



# Tri-Valley REACH WAITLIST APPLICATION

Return to: [info@trivalleyreach.org](mailto:info@trivalleyreach.org)  
or mail: Tri-Valley REACH P.O. Box 5564 Pleasanton, CA 94566

*Please notify REACH if you need application assistance such as a large type face, computer disk, Braille, or a language other than English.*

## APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)	GENDER	E-MAIL ADDRESS
STREET ADDRESS (where you receive mail)		APT. NUMBER
CITY	STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER

## ALTERNATE CONTACT (case manager, ILS/SLS worker, family member, etc.)

FULL NAME	PHONE NUMBER
E-MAIL ADDRESS	AGENCY NAME (if applicable)
RELATIONSHIP TO APPLICANT	

## REGIONAL CENTER OF THE EAST BAY (RCEB) INFORMATION:

1. Are you a client of RCEB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you receive Support Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Independent Living Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Supported Living Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## REGIONAL CENTER

CASEWORKER NAME	PHONE NUMBER
CASEWORKER'S EMAIL ADDRESS	

## INDEPENDENT OR SUPPORT LIVING SERVICES

CURRENT SUPPORT CONTACT NAME	PHONE NUMBER
CURRENT SUPPORT CONTACT'S EMAIL	AGENCY NAME

APPLICANT NAME

**CURRENT HOUSING**

<input type="checkbox"/> GROUP HOME <input type="checkbox"/> EMERGENCY SHELTER <input type="checkbox"/> HOTEL <input type="checkbox"/> FAMILY HOME <input type="checkbox"/> APARTMENT
<input type="checkbox"/> OTHER (describe living situation)
REASON(S) FOR SEEKING NEW HOUSING:  

**EMPLOYMENT AND INCOME INFORMATION**

Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of employer:		
Average Monthly Income from work:	\$	
Do you receive SSI/SSDI or other benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Monthly Income from benefits:	\$	
Are you currently enrolled in a training program, internship, or day program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Program Provider / Name:		
I do not have ANY income at this time	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**APPLICANT CERTIFICATIONS**

<input type="checkbox"/> I certify that the statements made in this application are true to the best of my knowledge and belief.	
<input type="checkbox"/> I acknowledge that Tri-Valley REACH may contact me by phone or in writing to request updates regarding my housing status.	
<input type="checkbox"/> I understand that I must provide written notification of any changes to the information on this form, especially address and telephone number.	
<input type="checkbox"/> I authorize Tri-Valley REACH to verify all information provided on this application and to contact my RCEB caseworker and ILS/SLS Agency.	
APPLICANT'S SIGNATURE	DATE

**FOR OFFICE USE ONLY**

DATE RECEIVED	RECEIVED BY: (STAFF NAME)