



# REGIONAL LA:RISE PROGRAM PARTICIPANT ELIGIBILITY CHECKLIST

I, \_\_\_\_\_, **agree and affirm** the following information is truthful and accurate:  
(Participant Name)

Please check all that apply:

Eligibility Criteria	
<input type="checkbox"/>	Los Angeles County Resident (verified through Zip Code)
<input type="checkbox"/>	At least 18 years of age
<input type="checkbox"/>	Not currently enrolled in another LA:RISE Program
<input type="checkbox"/>	Unemployed or Underemployed (currently working less than 20 hours a week)
<input type="checkbox"/>	Expressed interest in long-term employment and seeking employment in permanent job opportunity after social enterprise
<input type="checkbox"/>	Willing to work 300 hours within social enterprise
<input type="checkbox"/>	Meets one (1) Barrier Category listed below

\*To be eligible for LA:RISE program, participant must meet all criteria listed above.

Please check barriers that apply:

Barrier Categories	
<b>Currently Homeless</b>	
<input type="checkbox"/>	Lack a fixed, regular, and adequate nighttime residence
<input type="checkbox"/>	Has a primary residence that is a public or private place not meant for human habitation (including in an automobile)
<input type="checkbox"/>	Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
<input type="checkbox"/>	Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution
<input type="checkbox"/>	Imminent Risk of Homelessness, defined as an individual or family who will imminently lose their primary nighttime residence, provided that: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing
<input type="checkbox"/>	Homeless under other Federal Statues, defined as unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experiences persistent instability as measured by two moves or more during the preceding 60 days

	and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Fleeing/Attempting to flee domestic violence, defined as any individual or family who: (i) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against them; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing
<b>History of Homelessness</b>	
	Individual has previously met the definition of Homeless (as described above)
<b>At Risk of Homelessness</b>	
	Residing in Subsidized Housing: rapid rehousing, time-bound rental subsidy
	Residing in Permanent Supportive Housing, which is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities
	Residing in a half-way home
	Currently unstably housed, such as couch surfing with friends or family

**Participant Signature:** \_\_\_\_\_

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

<i>AJCC &amp; SE Staff use only:</i>	
I agree and affirm the information listed above has been reviewed with _____.	
(Participant Name)	
<b>AJCC Staff Printed Name:</b> _____	
<b>AJCC Staff Signature:</b> _____	<b>Date:</b> _____
<b>SE Staff Printed Name:</b> _____	
<b>SE Staff Signature:</b> _____	<b>Date:</b> _____