

PROJECT HOME

The probation office has identified several resources that provide our clients with the tools necessary to purchase a home.

These tools include obtaining and understanding a credit report, establishing credit, cleaning up bad credit, down payment assistance, no down payment and low or no closing costs.



The step-by-step process will assist you in the home buying process by offering individualized guidance from a loan officer, a realtor, and the Project Home team.

The purpose of the program is to educate you and your family about the possibilities and benefits of home ownership. The program will connect you with the best home buying resources available by guiding participants through an individualized plan which may lead to the realization of home ownership.

To apply for this program please contact your probation officer or the Project Home representative listed below.

RENO:

Barbara Hunt, Senior U.S. Probation Officer 775-686-5983 /
Barbara_Hunt@nvp.uscourts.gov (e-mail for application)

Angie Salecido, Sales Manager Fico Pro
Epic Credit Solutions, LLC / 775-750-4087

Wendy Rivera-Llanes, Mortgage Loan Originator
U.S. Bank Home Mortgage / 775-304-2511

Barbara Robinson-Ramirez, NVDRE#S.61442
Realty World-Ballard Co., Inc. / 775-688-4668

Erin Schiller, Business Development & Education Director
Ticor Title Company of Northern Nevada / 775-324-7400

Elaine Voight, Executive Director
My Journey Home / 775-223-0734

Debra Hall, Workforce Development Case Manager
The Ridge House / 775-322-8941

LAS VEGAS:

Linda Avila, Marketing Representative
Ticor Title of Nevada / 702-525-4250

Nancy Storey, The Nancy Storey Team
Prudential Americana Group, REALTORS / 702-595-2656

Denise Gee, W.O.R.C. Director
HELP of Southern Nevada / 702-369-4357 (ext. 1851)

Warning:

PCL XL error



Have you thought about purchasing your own home but have no idea where to begin?

Are you afraid that your criminal history or credit history will keep you from home ownership?

Would you like to work with a 'team' of professionals who will help you through the entire process?

If so, 'Project Home' is for you!!

See [http://www.projecthome.com](#) for an application and a 'Project Home' member will contact you.



Interest rates are subject to change without notice. Loan approval is subject to program guidelines. ©2012 U.S. Bancorp. All rights reserved. Member FDIC. 100383

Why a home ownership program?

Home ownership provides stability:
Owners typically stay in their homes 12 years whereas renters stay no more than three years.

U.S. Census American Housing Surveys.

Home ownership builds confidence:
Owners possess significantly higher levels of self-confidence than renters.

Rosell and Weber National Survey of Families.

Home ownership create positive environments for families: *Children of home owners are 59% more likely to become home owners. Their children are also 25% more likely to graduate from high school and 116% more likely to graduate from college.*

Boehm & Schlottmann, University of Tennessee.



Let us help you with the home buying process!

Home ownership provides tax benefits:
The typical home owner that pays a \$1,000 house payment will realize tax savings of about \$120 each month.

Home ownership improves neighborhoods:

Owners are 28% more likely to improve their neighborhoods and 10% more likely to participate in solving local problems.
George Galster, "Land Economics" and DiPasquale & Glaeser, Harvard's Joint Center for Housing Studies.

Home ownership builds wealth:
The median net worth of most modest-income owners is almost \$60,000 compared to less than \$10,000 for renters in the same income group.

The Federal Reserve Board – Survey of Consumer Finance.

Home ownership gives you and your family a sense of stability and security; it's making an investment in your future.



If you or your significant other have earned income for the past year and you do not presently own a home, you may be eligible for:

- down payment assistance
- no down payment
- low cost loans
- low or no closing costs

The step-by-step program will guide you through the home buying process even if you have credit issues.

Home ownership, and the benefits that come with it, can be achieved with a little patience and planning. But it's up to you to reach that goal. So take the next step and join Project Home.



WHAT IS A NON-CUSTODIAL PARENT?

When you are a custodial parent it means your child resides with you a majority of the time. Often times the custodial and non-custodial parents are determined by the court. Being a non-custodial parent should not be looked at as a negative thing. It does not mean you are uncaring, unfit nor not present. Non-custodial parents can be just as involved in their child's life as the custodial parents and both share equal responsibilities of their children.

PROGRAM GOALS

NPOWR wants to help non-custodial parents transform their lives by removing the barriers that are keeping them from finding good jobs so they can focus on raising their children physically, mentally, emotionally and financially.



Jaqueline Martin-Ramirez

Lauren Karp

Employment Outreach Coordinator

Office of Nevada Child Care
(775) 448-5173

(775) 448-5185

lkarp@dwss.nv.gov



NPOWR

**NON-CUSTODIAL PARENT
OPPORTUNITY & WORK
REFERRAL PROGRAM**

**AN INITIATIVE OF THE STATE OF NEVADA
CHILD SUPPORT PROGRAM**



*Career focused community referral
program*



AM I ELIGIBLE TO PARTICIPATE?

- Must have an open child support case in the State of Nevada.
- Must reside in Washoe County (Reno/Sparks). Special circumstances may be considered for Carson residents with transportation.
- Unemployed or "under-employed" (not enough work offered or employed in a field that does not take advantage of your skills and abilities)
- Desire and ability to find employment.
- Motivated to succeed.



WHAT SHOULD I EXPECT?

Together we will work as a team to come up with a game plan for your path to success by creating goals that can be reached.

All parents participating in the program will receive an individualized plan. Your current situation is different from the next person's current situation.

The plan will include referrals to other organizations in the community who can help with immediate needs-- food, clothing, education, skills training, etc.

Participation in the program is completely voluntary, but you are expected to be actively involved.



WHY SHOULD I PARTICIPATE?

There are many reasons to be part of this program, but we aim to help those who want to better their lives for themselves and their children.

Benefits may include:

- Help with navigating the child support system.
- Suspending enforcement on your case.
- Assistance with current driver's license suspensions.
- Reviewing orders for modifications.
- Referrals to outside agencies for identified needs



NPOWR
Non-custodial Parent Opportunity
& Work Referral Program

Confidential Client Intake Form

Personal Information

UPI: _____

Full Name: _____
Last First M.I.

Physical Address: _____
Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____
(If different) Address Apartment/Unit #

City State ZIP Code

County: _____ how long have you lived in this county? _____

Home Phone: _____ Alternate Phone: _____

Primary Language: _____

Email _____

SSN: _____

Birth Date: _____ Marital Status: _____

Occupation: _____

Spouse's name: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Last Employer Information

Title: _____ Reason for Leaving: _____
Supervisor: _____ Department: _____
Salary: _____ Employment Dates: _____

Household Information

How many people reside in your home? Adults: _____ Children: _____

How many biological/adopted children do you have? _____ How many are minors? _____

Do you have any children in Foster Care? YES NO

If so, who is their primary caregiver? GRANDPARENT SIBLING FOSTER PARENT OTHER: _____

Monthly Household Income: _____

Family Sources of income: *(Check all that apply)*

___ Employed ___ Self-employed ___ Retirement ___ Unemployment ___ SSI ___ SSDI ___ Worker's Comp
___ Child Support ___ Disability ___ TANF ___ No income ___ Other: _____

If no income, how are you supporting yourself? _____

Rent or Mortgage: _____ Do you Rent or Own: RENT OWN

Are you a Veteran? *(Circle One)* YES NO If yes, date of active duty? _____

If you are not a veteran, is anyone in your household a Veteran? YES NO

Do you have any disabilities? YES NO If yes, explain: _____

What is the highest level of education you've received? *(Circle one)*

- ELEMENTARY SCHOOL
- MIDDLE SCHOOL
- SOME HIGH SCHOOL
- GED
- HIGH SCHOOL DIPLOMA
- TRADE/VOCATIONAL SCHOOL
- SOME COLLEGE
- ASSOCIATES DEGREE
- BACHELORS DEGREE
- MASTERS DEGREE
- DOCTORATE

Are you receiving any of the following: *(Circle all that apply)*

- | | |
|----------------------|------------------------------|
| TANF | Veteran's Benefits |
| SNAP/Food Stamps | Energy Assistance |
| WIC | Earned Income Credit |
| Childcare Assistance | Head Start/ Early Head Start |
| Housing Assistance | OTHER: _____ |

Do you have health insurance? YES NO

Do you have a criminal record: YES NO If yes, please explain: _____

Do you have any substance abuse issue? YES NO If YES, have you sought treatment? YES NO

Needs Assessment

What are the needs your household currently has? (Circle all that apply)

Parenting education

Adult Education/ GED

Food Assistance

Employment Assistance

Job training Assistance

Utility Assistance

Access to Medical Care

Child Care

Access to Mental Health Care

Substance Abuse Problems

Other: _____

What is keeping you from finding a good job today? (Circle all that apply)

No car/transportation

My driver's license is suspended

No babysitter

Poor education

No work history

I've quit too many jobs

I've been fired too many times

I have health problems

Child Support

Anger Management

I don't have any skills

Homeless

Single Parent

Fear of losing benefits

I don't have any work clothes

Jobs don't pay me enough

Substance abuse issues

Poor job interview skills

No Resume

Family Problems

No work references

Mental Health Problems

I can't work certain hours

Poor Computer Skills

Criminal Record

No Issues

Other: _____

CONSENTS

Please read and initial the following:

_____ NPOWR is a completely voluntary program. By participating in this program I am required to participate in, document and complete program activities. I will be removed from the project immediately if I fail to cooperate or participate in any NPOWR activity including job searches. Any suspended enforcement activity will be resumed if I am not actively participating. This may include my driver's license being suspended, bank account seizure, Court Contempt actions, etc.

_____ I will respond to all contacts from the NPOWR team or other agencies you are referred to.

_____ I will inform the NPOWR team if there are any changes in your participation, employment, family circumstances, change of address, telephone number, health problems, etc.

_____ I will apply for and seek employment.

_____ I will report good cause for failure to participate immediately.

_____ I understand that program outcomes and participation will be tracked and reported. My personal information will remain confidential and will not be used to identify me in any outcome reports. I understand that no names or identifying participant information will be released in NPOWR promotional activities without my consent.

_____ I understand that any information contained in this application can be used in other child support cases for which I am involved.

Signature

Printed Name

Date

Program Coordinator

Title

Date



ada
 t Enforcement Program
 of Health and Human Services
 Division of Welfare and Supportive Services

NPOWR
Non-custodial Parent Opportunity
& Work Referral Program

Personal Responsibility Plan

Client Name: _____
 SSN: _____ / ____ / _____

Date: _____
 NPOWR Approval _____
 Date: _____

This is my Personal Responsibility Plan to help me overcome barriers toward finding and keeping stable employment so I can become self-sufficient and also fully participate in the financial upbringing of my child(ren).

I understand NPOWR is a voluntary program and that I can remove myself from the program at any time.

SCHEDULED CONFERENCE DATE/TIME:

ISSUES/ACTIVITIES:

Issue:

Activity:

Verification:

Issue:

Activity:

Verification:

Issue:

Activity:

Personal Responsibility Plan

I acknowledge I have actively participated in the development of my Personal Responsibility Plan by helping to define the actions I need to take to reach my self-sufficiency goals. I agree to comply with this plan. I understand this plan may be modified by mutual consent as my circumstances change. I am responsible to immediately report to my case manager any household changes and/or problems which may affect my ability to comply with the terms of my Personal Responsibility Plan.

If I am unable to fulfill any of my responsibilities addressed in this plan, I will contact _____ to discuss how I can maintain compliance with my plan.

Participant Signature

NPOWR Representative Signature

Date

Participants name: _____

Case number/UII: _____

NPOWR Expectations

- **Follow the recommendations outlined in your Personal Responsibility Plan and recommendations from your NPOWR caseworker.**
- **Attend all scheduled meetings and appointments. If you cannot make your meeting or appointment you must call your NPOWR caseworker.**
- **Actively look for work. Report employment to your caseworker within 2 business days. NPOWR participants must submit at least three job applications per week unless otherwise noted in your Personal Responsibility Plan.**
- **Engage and work with all referral sources.**
- **Update your caseworker within 2 business days if your contact information changes or there is a change in your circumstances.**

What to expect if I fail to stay on task:

- **You will be contacted either by phone or mail**
- **You have 10 days to respond with a reason for not complying.**
 - **If you do not respond you will be removed from the program.**
 - **If you do respond you will be given the opportunity to complete the task.**
 - **If you complete the task there will be no further actions.**
 - **If you do respond and still do not complete the task you will be contacted again and given three days to respond.**
 - **If you do not respond or complete the task in 3 business days you will be removed from the program.**
- **You may not have more than one instance of noncompliance in a 30 day period.**

NPOWR Caseworker contact information:

Name: _____

Number: _____

Email: _____

I understand the expectations of NPOWR and what will happen if I do not comply

Signature/Date



STEVE FISHER
SANDHILL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Child Support Enforcement Program
300 East Second Street, Suite 1200
Reno, Nevada 89501-1586
(775) 448-5150 • Fax (775) 448-5199

Obligor's Name:
Address:

NCP SSN:

Case Number:

**REPAYMENT AGREEMENT
PURSUANT TO NRS CHAPTER 425**

I, _____, state that I am aware of my ongoing child support obligation of \$0.00 per month and the child support arrears payment of \$0.00 per month. I further state that I have without lawful excuse, failed to pay said ongoing child support and the arrears on the same.

I AGREE to follow the requirements outlined by NPOWR that are listed in my Personal Responsibility Form and NPOWR Expectations Form that I have signed at program intake. I have a right to request a copy of these forms at any time if I need to revisit my obligations.

I UNDERSTAND that I am ordered to pay \$_____ each month for ongoing child support and \$_____ per month for arrears and interest. I understand that all payments are to be made every month by income or wage withholding. If I am currently unemployed or my employer does not withhold the full amount of child support and arrears agreed to, then I am responsible for making payments directly, so the full amount is received by the Child Support Enforcement Program every month.

I will make regular monthly payments beginning the first month following my release from the NPOWR program. If I find employment while participating in NPOWR, a wage withholding will be sent to my employer.

All payments must be made payable to SCADU.

Send payment to:
STATE COLLECTION AND DISBURSEMENT UNIT (SCADU)
PO BOX 98950
LAS VEGAS, NV 89193-8950

The **Obligor's social security number** must be clearly visible on the face of the payment.

In exchange for this payment agreement, the Child Support Enforcement Program will issue a release of my occupational and/or driver's license(s) and defer a referral for prosecution of criminal non-support.

Case Number:

I UNDERSTAND THAT:

1. The issuance and maintenance of my occupational and/or driver's license(s) is conditional on my strict compliance with the terms of this repayment agreement.

If I fail to comply with any term of this agreement, the Child Support Enforcement Program will revoke its release and I will lose any license that I obtained through the release issued by the Child Support Enforcement Program under this agreement without a hearing or further notice to me. The Child Support Enforcement Program may also refer this case for prosecution for criminal non-support.

2. This agreement may be amended **only** under the following circumstances:

- a. There is a change in the amount of monthly child support amount through a court ordered modification or if one of the children subject to the order emancipates, subject to the provisions of NRS 125B.100.
- b. I have requested and amendment of the agreement due to hardship; or
- c. If my income increases.

Any amendment must be done in writing through the Child Support Enforcement Program and signed by the Obligor and a representative of the Child Support Enforcement Program.

- 3. This payment agreement does not preclude any other enforcement actions to collect current child support and arrears, including, but not limited to the interception of tax refunds, the filing of liens against or executing upon real and/or personal property, and credit bureau reporting.
- 4. I am required to notify the Child Support Enforcement Program within 2 days whenever my employment or address changes.
- 5. Information I provide may be used in other enforcement actions, including contempt and criminal actions.

IT IS SO AGREED.

Obligor

Date: _____

STATE OF NEVADA)

COUNTY OF WASHOE)

Child Support Enforcement Representative

Date: _____

)
SS.

On ____/____/____ personally appeared before me, a notary public, _____ personally known or proved to me to be the person whose name is subscribed to this REPAYMENT AGREEMENT.

NOTARY PUBLIC

Date

District Attorney

County of _____

**NOTICE OF DEMAND FOR TRIAL OR DISPOSITION
PURUSANT TO PENAL CODE SECTION 1381 OR 1381.5**

TO THE DISTRICT ATTORNEY OF _____ COUNTY:

Please take notice that I, _____, was sentenced on or about _____, to serve a term of _____ [length of term in months or years] in _____ [name of correctional institution], located at _____. On or about _____, in _____ County, I was [charged with/convicted of] violating _____ [specify section of Penal or other code or name of offense]. The _____ County case number is _____. Under the provisions of Penal Code section [1381 or 1381.5], I desire and hereby demand, that I be [brought to trial/sentenced] on the charges set forth above, and on any and all other pending charges.

Dated: _____

[name]

ENDORSEMENT OF CUSTODIAL LAW ENFORCEMENT:

Cause of Commitment: _____

Date of Commitment: _____

Date of Release: _____

[Name of warden or jailer]

[Title]

1 Name:
2 Address:
3 Telephone:
4 In Pro Per

5 **Superior Court of California**
6 **County of [name of County]**

7) Case No.:
8)
9)
9 People of the State of California) **Motion to Dismiss**
10) **for Failure to Comply**
10 Petitioner/Plaintiff,) **with Demand for Trial**
11) **(Penal Code section 1381)**
11 vs.)
12 [name])
13 Respondent/Defendant)
14)
15)

16 To the Honorable Court in the above entitled cause of action and
17 the District Attorney of the County of _____.

18 Please take notice that defendant, _____, moves this
19 court pursuant to Penal Code section 1381 for an Order dismissing the
20 indictment, information, and/or complaint in the above entitled
21 matter.

22 This motion is based upon this notice, the attached declaration,
23 all points and authorities submitted, testimony and other evidence
24 produced, all files and records of the case, and any other evidence
25 presented whether oral or documentary.

1 Dated _____

2

3 Respectfully Submitted

4 _____, Respondent/Defendant, in pro per

5

6

7 Declaration of _____

8 I, _____, hereby declare:

- 9 1. That I am the defendant in the above entitled action;
- 10 2. That I am a prisoner confined at _____, in the
11 State of California;
- 12 3. That on or about the ____ day of _____, 20__, I did serve on
13 the District Attorney of _____ County a demand letter for
14 trial, pursuant to the provisions of Penal Code section 1381;
- 15 4. That as of this date, over 90 days has elapsed and the District
16 Attorney has failed to respond as required by law;
- 17 5. Because of the pending charge against me in the aforementioned
18 county, a hold and/or detainer has been lodged in my custody file
19 thereby subjecting me to a harsher level of security and further
20 preventing my consideration for minimum security classification,
21 participation in training and/or other programs beneficial to my
22 interest and the interest of the public;
- 23 6. Notwithstanding the ability of the District Attorney to comply
24 with provisions of Penal Code section 1381, the District Attorney
25 has failed to comply with the mandate of Penal Code section 1381

1 and therefore dismissal of this action, case no. _____, is
2 necessary in the interest of justice.

3
4 **Verification**

5 I have read the above statements and declare under the penalty of
6 perjury that the above statements are true and correct as based upon
7 my information and belief. Executed this ____ day of _____, 20__,
8 at _____, State Prison, California pursuant to provisions of CCP
9 sections 446 and 2015.5.

10
11 _____, Declarant

12
13 **Memorandum of Points and Authorities**

14 Petitioner/Defendant is entitled to a dismissal of pending charges
15 and/or detainer as a matter of law.

16 Penal Code section 1381 reads in pertinent part as follows:

17 'Whenever a defendant has been convicted, in any court of this
18 state, of the commission of a felony or misdemeanor and has been
19 sentenced to and has entered upon a term of imprisonment in a
20 state prison or has been sentenced to and has entered upon a term
21 of imprisonment in a county jail for a period of more than 90
22 days or has been committed to and placed in a county jail for
23 more than 90 days as a condition of probation or has been
24 committed to and placed in an institution subject to the
25 jurisdiction of the Department of the Youth Authority or whenever
any person has been committed to the custody of the Director of
Corrections pursuant to Chapter 1(commencing with Section 3000)
of Division 3 of the Welfare and Institutions Code and has
entered upon his or her term of commitment, and at the time of
the entry upon the term of imprisonment or commitment there is
pending, in any court of this state, any other indictment,
information, complaint, or any criminal proceeding wherein the
defendant remains to be sentenced, the district attorney of the
county in which the matters are pending shall bring the defendant
to trial or for sentencing within 90 days after the person shall
have delivered to said district attorney written notice of the
place of his or her imprisonment or commitment and his or her

1 desire to be brought to trial or for sentencing unless a
2 continuance beyond the 90 days is requested or consented to by
3 the person, in open court, and the request or consent entered
4 upon the minutes of the court in which event the 90-day period
5 shall commence to run anew from the date to which the consent or
6 request continued the trial or sentencing.'

7 Because the 90 day time period has expired since defendant served
8 written notice upon the District Attorney and expressed the desire to
9 be brought to trial, this motion to dismiss is properly before the Cour
10 and an order dismissing the above entitled action would be appropriate

11 Wherefore, defendant prays that an order to dismiss be issued forthwith
12 and that appropriate copies of said order be served upon the custodial
13 of Petitioner's/Defendant's body and the defendant herein.

14 Dated: _____

15 _____, Petitioner/Defendant

Date _____

District Attorney _____

County of _____

**NOTICE OF DEMAND FOR TRIAL OR DISPOSITION
PURUSANT TO PENAL CODE SECTION 1381 OR 1381.5**

TO THE DISTRICT ATTORNEY OF _____ COUNTY:

Please take notice that I, _____, was sentenced on or about _____, to serve a term of _____ [length of term in months or years] in _____ [name of correctional institution], located at _____. On or about _____, in _____ County, I was [charged with/convicted of] violating _____ [specify section of Penal or other code or name of offense]. The _____ County case number is _____. Under the provisions of Penal Code section [1381 or 1381.5], I desire and hereby demand, that I be [brought to trial/sentenced] on the charges set forth above, and on any and all other pending charges.

Dated: _____

[name]

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Cause of Commitment: _____

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1. That I am the defendant in the above entitled action;

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2. That I am a prisoner confined at _____, in the
11 State of California;

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13 the District Attorney of _____ County a demand letter for
14 trial, pursuant to the provisions of Penal Code section 1381;

13

14

15

4. That as of this date, over 90 days has elapsed and the District
16 Attorney has failed to respond as required by law;

16

17

18

19

20

21

22

5. Because of the pending charge against me in the aforementioned
17 county, a hold and/or detainer has been lodged in my custody file
18 thereby subjecting me to a harsher level of security and further
19 preventing my consideration for minimum security classification,
20 participation in training and/or other programs beneficial to my
21 interest and the interest of the public;

23

24

25

6. Notwithstanding the ability of the District Attorney to comply
23 with provisions of Penal Code section 1381, the District Attorney
24 has failed to comply with the mandate of Penal Code section 1381
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any person has been committed to the custody of the Director of
Corrections pursuant to Chapter 1(commencing with Section 3000)
of Division 3 of the Welfare and Institutions Code and has
entered upon his or her term of commitment, and at the time of
the entry upon the term of imprisonment or commitment there is
pending, in any court of this state, any other indictment,
information, complaint, or any criminal proceeding wherein the
defendant remains to be sentenced, the district attorney of the
county in which the matters are pending shall bring the defendant
to trial or for sentencing within 90 days after the person shall
have delivered to said district attorney written notice of the
place of his or her imprisonment or commitment and his or her

1 desire to be brought to trial or for sentencing unless a
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3 the person, in open court, and the request or consent entered
 upon the minutes of the court in which event the 90-day period
 shall commence to run anew from the date to which the consent or
 request continued the trial or sentencing.'

4 Because the 90 day time period has expired since defendant served
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9 Wherefore, defendant prays that an order to dismiss be issued forthwith
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Date

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Dated: _____

[name]

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[Name of warden or jailer]

[Title]

1 Name:
2 Address:
3 Telephone:
4 In Pro Per

5 **Superior Court of California**
6 **County of [name of County]**

7) Case No.:
8)
9)
9 People of the State of California) **Motion to Dismiss**
10) **for Failure to Comply**
10 Petitioner/Plaintiff,) **with Demand for Trial**
11) **(Penal Code section 1381)**
11 vs.)
12 [name])
13 Respondent/Defendant)
14)
15)

16 To the Honorable Court in the above entitled cause of action and
17 the District Attorney of the County of _____.

18 Please take notice that defendant, _____, moves this
19 court pursuant to Penal Code section 1381 for an Order dismissing the
20 indictment, information, and/or complaint in the above entitled
21 matter.

22 This motion is based upon this notice, the attached declaration,
23 all points and authorities submitted, testimony and other evidence
24 produced, all files and records of the case, and any other evidence
25 presented whether oral or documentary.

1 Dated _____

2

3 Respectfully Submitted

4 _____, Respondent/Defendant, in pro per

5

6

7 **Declaration of _____**

8 I, _____, hereby declare:

- 9 1. That I am the defendant in the above entitled action;
- 10 2. That I am a prisoner confined at _____, in the
- 11 State of California;
- 12 3. That on or about the ____ day of _____, 20__, I did serve on
- 13 the District Attorney of _____ County a demand letter for
- 14 trial, pursuant to the provisions of Penal Code section 1381;
- 15 4. That as of this date, over 90 days has elapsed and the District
- 16 Attorney has failed to respond as required by law;
- 17 5. Because of the pending charge against me in the aforementioned
- 18 county, a hold and/or detainer has been lodged in my custody file
- 19 thereby subjecting me to a harsher level of security and further
- 20 preventing my consideration for minimum security classification,
- 21 participation in training and/or other programs beneficial to my
- 22 interest and the interest of the public;
- 23 6. Notwithstanding the ability of the District Attorney to comply
- 24 with provisions of Penal Code section 1381, the District Attorney
- 25 has failed to comply with the mandate of Penal Code section 1381

1 and therefore dismissal of this action, case no. _____, is
2 necessary in the interest of justice.

3
4 **Verification**

5 I have read the above statements and declare under the penalty of
6 perjury that the above statements are true and correct as based upon
7 my information and belief. Executed this ____ day of _____, 20__,
8 at _____, State Prison, California pursuant to provisions of CCP
9 sections 446 and 2015.5.

10
11 _____, Declarant

12
13 **Memorandum of Points and Authorities**

14 Petitioner/Defendant is entitled to a dismissal of pending charges
15 and/or detainer as a matter of law.

16 Penal Code section 1381 reads in pertinent part as follows:

17 'Whenever a defendant has been convicted, in any court of this
18 state, of the commission of a felony or misdemeanor and has been
19 sentenced to and has entered upon a term of imprisonment in a
20 state prison or has been sentenced to and has entered upon a term
21 of imprisonment in a county jail for a period of more than 90
22 days or has been committed to and placed in a county jail for
23 more than 90 days as a condition of probation or has been
24 committed to and placed in an institution subject to the
25 jurisdiction of the Department of the Youth Authority or whenever
any person has been committed to the custody of the Director of
Corrections pursuant to Chapter 1(commencing with Section 3000)
of Division 3 of the Welfare and Institutions Code and has
entered upon his or her term of commitment, and at the time of
the entry upon the term of imprisonment or commitment there is
pending, in any court of this state, any other indictment,
information, complaint, or any criminal proceeding wherein the
defendant remains to be sentenced, the district attorney of the
county in which the matters are pending shall bring the defendant
to trial or for sentencing within 90 days after the person shall
have delivered to said district attorney written notice of the
place of his or her imprisonment or commitment and his or her

1 desire to be brought to trial or for sentencing unless a
2 continuance beyond the 90 days is requested or consented to by
3 the person, in open court, and the request or consent entered
4 upon the minutes of the court in which event the 90-day period
5 shall commence to run anew from the date to which the consent or
6 request continued the trial or sentencing.'

7 Because the 90 day time period has expired since defendant served
8 written notice upon the District Attorney and expressed the desire to
9 be brought to trial, this motion to dismiss is properly before the Cour
10 and an order dismissing the above entitled action would be appropriate

11 Wherefore, defendant prays that an order to dismiss be issued forthwith
12 and that appropriate copies of said order be served upon the custodial
13 of Petitioner's/Defendant's body and the defendant herein.

14 Dated: _____

15 _____, Petitioner/Defendant



elaine voigt <voigtelaine2@gmail.com>

Conversation with Nevada DMV

Thomas Martin <TMartin01@dmv.nv.gov>
To: elaine voigt <voigtelaine2@gmail.com>
Cc: "April L. Sanborn" <ASanborn@dmv.nv.gov>

Tue, Nov 13, 2018 at 9:32 AM

Hi Elaine,

Below you will find the link to our website as well as the statute that provides authority for accepting the Nevada Department of Corrections ID card. Please let us know if you need any additional information or have any questions.

<http://dmv.nv.com/dlresidency.htm>

NRS 483.290 Application for license or instruction permit; acceptable documents for proof of full legal name and age; preregistration or registration to vote; authority of Department to refuse to accept certain documents; regulations; consular identification cards.

1. An application for an instruction permit or for a driver's license must:

(a) Be made upon a form furnished by the Department.

(b) Be verified by the applicant before a person authorized to administer oaths. Officers and employees of the Department may administer those oaths without charge.

(c) Be accompanied by the required fee.

(d) State the full legal name, date of birth, sex, address of principal residence and mailing address, if different from the address of principal residence, of the applicant and briefly describe the applicant.

(e) State whether the applicant has theretofore been licensed as a driver, and, if so, when and by what state or country, and whether any such license has ever been suspended or revoked, or whether an application has ever been refused, and, if so, the date of and reason for the suspension, revocation or refusal.

(f) Include such other information as the Department may require to determine the competency and eligibility of the applicant.

2. Every applicant must furnish proof of his or her full legal name and age by displaying:

(a) An original or certified copy of the required documents as prescribed by regulation; or

(b) A photo identification card issued by the Department of Corrections pursuant to NRS 209.511.

3. The Department shall adopt regulations prescribing the documents an applicant may use to furnish proof of his or her full legal name and age to the Department pursuant to paragraph (a) of subsection 2, including, without limitation, a document issued by the Department pursuant to NRS 483.375 or 483.8605.

4. At the time of applying for a driver's license, an applicant may, if eligible, preregister or register to vote pursuant to NRS 293.524.

5. Every applicant who has been assigned a social security number must furnish proof of his or her social security number by displaying:

(a) An original card issued to the applicant by the Social Security Administration bearing the social security number of the applicant; or

(b) Other proof acceptable to the Department, including, without limitation, records of employment or federal income tax returns.

6. The Department may refuse to accept a driver's license issued by another state, the District of Columbia or any territory of the United States if the Department determines that the other state, the District of Columbia or the territory of the United States has less stringent standards than the State of Nevada for the issuance of a driver's license.

7. With respect to any document presented by a person who was born outside of the United States to prove his or her full legal name and age, the Department:

(a) May, if the document has expired, refuse to accept the document or refuse to issue a driver's license to the person presenting the document, or both; and

(b) Shall issue to the person presenting the document a driver's license that is valid only during the time the applicant is authorized to stay in the United States, or if there is no definite end to the time the applicant is authorized to stay, the driver's license is valid for 1 year beginning on the date of issuance.

8. The Administrator shall adopt regulations setting forth criteria pursuant to which the Department will issue or refuse to issue a driver's license in accordance with this section to a person who is a citizen of any state, the District of Columbia, any territory of the United States or a foreign country. The criteria pursuant to which the Department shall issue or refuse to issue a driver's license to a citizen of a foreign country must be based upon the purpose for which that person is present within the United States.

9. Notwithstanding any other provision of this section, the Department shall not accept a consular identification card as proof of the age or identity of an applicant for an instruction permit or for a driver's license. As used in this subsection, "consular identification card" has the meaning ascribed to it in NRS 232.006.

[13:190:1941; A 1943, 268; 1943 NCL § 4442.12] — (NRS A 1963, 842; 1969, 542; 1975, 722; 1977, 12; 1985, 1470; 1987, 2146; 1989, 473, 1873, 1874; 1993, 2844; 1995, 35; 1999, 2475; 2003, 468, 1237, 1934, 2465; 2007, 2782; 2013, 1260, 1297; 2017, 1279, 3878)

Thomas Martin

Management Analyst

Driver Programs

Management Services & Programs Division

Nevada Dept. of Motor Vehicles

(775) 684-4371

tmartin01@dmv.nv.gov

From: Thomas Martin
Sent: Monday, November 05, 2018 11:32 AM
To: 'elaine voigt' <voigtelaine2@gmail.com>
Subject: RE: Conversation with Nevada DMV

Perfect!

Please call into 775-684-4719 at 9am and we will be waiting for the call.

Talk to you then. 😊

Thomas Martin
Management Analyst
Driver Programs
Management Services & Programs Division
Nevada Dept. of Motor Vehicles
(775) 684-4371
tmartin01@dmv.nv.gov

From: elaine voigt [mailto:voigtelaine2@gmail.com]
Sent: Monday, November 05, 2018 11:31 AM
To: Thomas Martin <TMartin01@dmv.nv.gov>
Subject: Re: Conversation with Nevada DMV

Yes, I am available at that time. Looking forward to speaking with you. Thank you.

[Quoted text hidden]



Field Services Division
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada (877) 368-7828
 Fax: (775) 684-4992
 Website: www.dmvnv.com

REQUEST FOR WAIVING DUPLICATE FEES Released Prisoners or Inmates

I am submitting documentation from the Department of Corrections, county, city or town jail of the State of Nevada verifying I was released from a Nevada prison or jail within the last 90 days.

I understand that the fees will be waived **one time only** and this transaction will be performed at no cost. Upon renewal, if employed, I understand I will be required to reimburse the Department the amount of the card production and technology fee in addition to the cost of the renewal.

I am requesting a duplicate: Driver's License Identification Card Instruction Permit

Applicant's Printed Name _____

Driver License/Identification Card Number (if known) _____

Date of Birth _____

Primary Physical Address _____

City _____ State: _____ Zip: _____

Signature of Applicant _____ Date _____

DMV Representative _____ Date _____



Field Services Division
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas Area (702) 486-4DMV (4368)
 Rural Nevada (877) 368-7828
 Fax: (775) 684-4992
 Website: www.dmvnv.com

DECLARATION OF HOMELESS STATUS

NRS 483.417 and NRS 483.825

I hereby certify that I am homeless and qualify for the waiver of fees for a duplicate non-commercial driver's license, instruction permit or identification card as prescribed in Nevada Revised Statutes Chapter 483.

I understand that the fees will be waived **one time only** and that I must reimburse the Department the cost of the photo fee when I renew my card, if I am employed at the time.

I am requesting a duplicate Driver's License Identification Card Instruction Permit

Applicant's Printed Name _____

Driver's License/Identification Card Number (if known) _____

Social Security Number _____

Date of Birth _____

Address where I am staying _____

City _____ State _____ Zip _____

If you are a male at least 18 and less than 26 years of age, would you like to register with the Selective Service? By registering, you will remain eligible for federal student loans, grants, job training benefits, most federal jobs and, if applicable, citizenship in the United States.

† Yes † No If yes, please initial here _____

I hereby certify under penalty of perjury that all statements in this application are true and correct. I agree and understand that any misstatement of material facts may cause cancellation and/or denial of my driver's license, instruction permit or identification card under NRS 483.420 and 483.530. I further understand that any misstatement of facts may be a misdemeanor or felony under NRS 483.530 and may be punishable pursuant to NRS 193.130.

Signature of Applicant _____

Date: _____

DMV Representative _____

Date: _____

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES



Supplemental Nutrition Assistance
Employment and Training (SNAPET) Program
Partner Candidate Packet

SNAPET Program Partner Candidate Packet

Program Overview

Nevada Division of Welfare and Supportive Services (DWSS) partners with the United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) and would like to develop partnerships with Community Based Organizations (CBO) to provide education and job skill training to Supplemental Nutritional Assistance Program (SNAP) recipients. The goal is to assist SNAP recipients with attaining the education and job skills necessary to enter the workforce and/or increase their earnings in a labor demand career path of their choice through a volunteer program.

The partnership will provide an opportunity for CBOs in Nevada communities to receive reimbursement for approved services. The DWSS can leverage 50% federal reimbursement for the costs incurred by CBOs who are providing approved employment and training (E&T) and associated support services to qualified SNAP recipients. With our partnership, 45% of the federal reimbursement for qualified services will be passed back to you and will be used to serve additional SNAP participants. The Division will retain 5% of the reimbursement to support the administrative costs of the program.

CBO Partners

To begin a partnership, your CBO must generally demonstrate your capacity to:

- Assess, engage and track SNAP participants in qualified E&T services leading to an educational or job skill credential and gainful employment;
- Provide support services (e.g., transportation assistance, uniforms, supplies)
- Monitor and report on program participation and outcome data;
- Have sufficient cash flow to support an E&T program and handle the delays between outlays and reimbursements;
- Provide services with guaranteed, non-federal/non-federally matched funds which qualify for reimbursement (experience with federal grants preferred);
- Track and invoice for program and administration costs for SNAP recipients only;
- Store records and participate in federal/state audits and reviews.

Qualified Participants

Most adult SNAP recipients are eligible to participate in this volunteer program. SNAP recipients currently participating in the Temporary Assistance to Needy Families (TANF) program or an in-patient drug treatment program are not eligible for this program.

SNAPET Program Partner Candidate Packet

Questions and Answers

Q: How does the funding work?

A: SNAPET is a reimbursement program only – an actual cost must occur, and if allowable, CBO's will be reimbursed at not less than 45 percent. Interested partner agencies must be able to handle delays between expenditures and actual reimbursement. CBO funds used to provide services cannot be from a federal source, with the exception of Community Development Block Grant (CDBG) funding; cannot be earmarked or used to meet the matching requirements of another program and must be intended for SNAPET services. Services funded or mandated through a state or local entitlement (example: high school equivalency education services for individuals under age 21 which are funded via the local school district) are not eligible for the SNAPET program. Partners must have the ability to track and allocate costs appropriately.

Q: Which recipients may or may not participate?

A: Most adult SNAP recipients may participate.

The following individuals may not participate:

- Individuals not receiving SNAP benefits for the month of service;*
- TANF recipients;*
- Participants in a residential substance abuse treatment facility;*
- Individuals lacking the physical or functional capacity to train successfully or accept employment in the occupation for which they are being trained.*

NOTE: The CBO is responsible for verifying a participant's program eligibility with the Division for each month for which the CBO is seeking reimbursement for services provided.

Q: Can a SNAPET enrollee participate in several different components?

A: Yes, concurrent participation in several components may be allowed, but the components should be part of a continuum of education, barrier reduction and skills development plan intended to improve the participant's employability in a practical way. If multiple components will be assigned to participants, they should be justifiable in relation to the specific participant's job readiness, employability development, and workplace stability needs.

SNAPET Program Partner Candidate Packet

- **Description of Services You will Offer:**
 - You should include descriptions of:
 - Services to be provided and how those services are intended to improve employability, wage gain prospects and career development;
 - Linkages to local labor market demand and workforce development objectives, certificates of achievement offered, etc.;
 - Assessment processes and enrollment terms;
 - Location/s, public transportation accessibility, hours, frequency, anticipated duration per participant, etc.;
 - Required training materials, curricula, etc.;
 - Projected number of unduplicated SNAPET participants per month;
 - Support services to be provided (e.g., transportation assistance, clothing, tools, pre-employment certificates like OSHA 10, alcohol awareness and employment permit cards) Describe any proposed collaboration with other educational and training organizations.

- **Describe administrative and fiscal organizational responsibilities to be practiced. Please include how cost and staff time allocation between different funding sources will be achieved:**
 - Participants and Costs Tracking
 - Describe how participation hours and outcomes will be monitored and tracked;
 - Describe how staff time would be allocated and tracked between different programs;
 - Describe what costs your organization seeks for reimbursement;
 - Describe the support services which may be needed by participants and who is to provide those services, and
 - Describe projected expenditures for which you will be requesting (this should include total cost of each component offered and cost per participant in each component.)
 - Complete the budget templates provided by a Divisional Representative.
 - Explain and provide verification of the source of funding to be utilized to provide services to include a description of:
 - Note: SNAPET will only reimburse qualified costs paid for with non-federal funds (tracked back to its original source) and accrued serving only qualified SNAPET participants.*
 - How your organization will fund the program;
 - Where the funding originated,
 - Your organization's capacity to handle delays between expenditures and reimbursement, and
 - How reimbursements will be utilized. (Example: reinvested back into the program)

TMCC Referral Check List

- SNAP recipient not receiving TANF
- Has a high-school diploma or equivalency
- Lives in the Reno areas or getting to TMCC will not be an issue
- No other major barriers to employment such as DV, homeless, mental health, and/or legal barriers.
- Must be a Nevada Resident for last 12 months.
- In good physical health: can stand 8-10 hours a day, lift-up to 50 pounds and bend and twist throughout the day.

NOTE: We want motivated SNAP recipients who meet the criteria above and are willing to go to WNC or TMCC for 8-16 weeks in order to gain employment at a living wage with opportunity for advancement. We do not discriminate on the basis of race, color, national origin, disability, age, gender, sexual orientation, or religion for potential participants.

Remember...NCPs (Non-Custodial Parents) have the potential to impact more than one household!!

Please send all referrals to tsharpe@tmcc.edu, aackerman@dwss.nv.gov, or cmcneil@dwss.nv.gov.

If you have any questions please call Angela Ackerman at (775) 684-0531, Cassandra McNeil (775) 684-0626 or Travis Sharpe (775) 857-4978.

Travis Sharpe works at TMCC and is their main contact person. He is the one who gets the participants enrolled in the program. It is entirely okay to contact him directly!

THE FEDERAL BONDING PROGRAM

A US Department of Labor Initiative

52 YEARS OF SUCCESS

FIDELITY BONDING

GOOD BUSINESS

* * *

GOOD FOR BUSINESS

Since 1966, The Federal Bonding Program, sponsored by the U.S. Department of Labor, has been successful as a unique job placement tool for at-risk job applicants. The program's fidelity bonds provide insurance guaranteeing job honesty and serve as an effective employer incentive for hiring hard-to-place job seekers.

Hard-to-place job seekers include ex-offenders, welfare recipients, individuals with a history of substance abuse, individuals who have been dishonorably discharged, disadvantaged youth, and others with barriers to employment, at no cost to the job applicant or the employer. This tool has been effective in improving the efficiency and effectiveness of job placement services.

Any public or private organization can purchase bond packages. Employers can also purchase bonds. Bonds are used by workforce development organizations, welfare-to-work programs, corrections organizations, and youth and ex-offender programs.

The Federal Bonding Program is a partnership between the U.S. Department of Labor and The McLaughlin Company, as an agent for Travelers Casualty and Surety Company of America; referred to hereafter as TRAVELERS.

FOR INFORMATION ABOUT THE FEDERAL BONDING PROGRAM

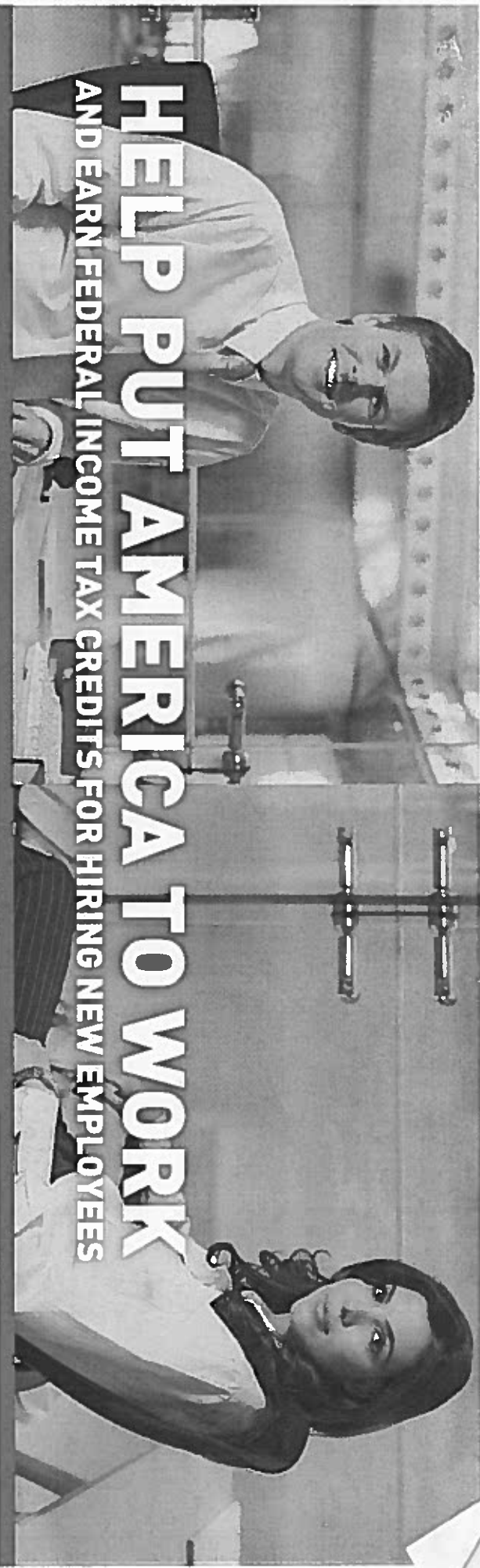
Reno Town Mall, 4001 South Virginia Street, Reno, NV 89502

P: 775.284.9600 F: 775.284.9663

Sparks, 2281 Pyramid Way, Sparks, NV 89431,

Phone: 775.284.9520 Fax: 775.284.9511

Job Connect, 1929 N Carson St, Carson City, NV 89701



HELP PUT AMERICA TO WORK AND EARN FEDERAL INCOME TAX CREDITS FOR HIRING NEW EMPLOYEES

WHAT IS THE WORK OPPORTUNITY TAX CREDIT?

The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers who hire individuals from eligible target groups with significant barriers to employment. Each year, employers claim over \$1 billion in tax credits under the WOTC program. The success and growth of this income tax credit for business is beneficial for all who participate, while increasing America's economic growth and productivity.

- **WOTC reduces an employer's cost of doing business,** requires little paperwork, and applying for WOTC is simple.
- **WOTC can reduce an employer's federal income tax liability** by as much as \$9,600 per employee hired.
- **There is no limit** on the number of individuals an employer can hire to qualify to claim the tax credit.
- **Certain tax-exempt organizations can take advantage of WOTC** by hiring eligible veterans and receiving a credit against the employer's share of Social Security taxes.

WHO IS ELIGIBLE?

- **Veterans**
- **TANF Recipients**
- **SNAP (food stamp) Recipients**
- **Designated Community Residents**
- **Vocational Rehabilitation Referral**
- **Ex-Felons**
- **Supplemental Security Income Recipients**
- **Summer Youth Employees**

Visit <http://www.doleta.gov/business/incentives/opptax/eligible.cfm> for more target group eligibility information.



HOW MUCH IS THE TAX CREDIT

Employers can earn a tax credit of between \$1,200 and \$9,600 per employee, depending on the target group of the new employee and the number of hours worked in the first year. Employees must work at least 120 hours in the first year of employment to receive the tax credit. Visit <http://www.doleta.gov/wotc> for the maximum tax credit for each WOTC target group.

HOW TO APPLY

To apply for WOTC, employers should follow these steps:

1. Complete IRS Form 8850 by the day the job offer is made.
2. Complete ETA Form 9061, or complete ETA Form 9062 if the employee has been conditionally certified as belonging to a WOTC target group by a State Workforce Agency, Vocational Rehabilitation agency, or another participating agency.
3. Submit the completed and signed IRS and ETA forms to your State Workforce Agency. Forms must be submitted within 28 calendar days of the employee's start date.
4. Wait for a final determination from your State Workforce Agency. The determination will indicate whether the employee is certified as meeting the eligibility for one of the WOTC target groups.
5. After the target group employee is certified by the State Workforce Agency, file for the tax credit with the Internal Revenue Service.

INFORMATION AND RESOURCES

Visit the WOTC web-site, <http://www.doleta.gov/wotc>, for more information on eligibility requirements, how to apply for the tax credit, and WOTC contacts in your state.

Visit the IRS web-site, <http://www.irs.gov>, for more information on how to claim the tax credit.



Pre-Screening Notice the Work

► Information about Form 8850 and its use

Job applicant: Fill in the lines below and

Your name _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 Check here if you received a conditional certification from _____
for the work opportunity credit.

2 Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from _____
months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Security Income (SSI) (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that received SNAP benefits (food stamps) for at least 3 of the past 6 months.
- a. Received SNAP benefits (food stamps) for at least 3 of the past 6 months.
- b. Received SNAP benefits (food stamps) for at least 3 of the past 6 months.
- During the past year, I was convicted of a felony or released from prison.
- I received supplemental security income (SSI) benefits for any month during the past year.
- I am a veteran and I was unemployed for a period or periods totaling at least 6 months during the past year.

3 Check here if you are a veteran and you were unemployed for a period of at least 6 months during the past year.

4 Check here if you are a veteran entitled to compensation for a service-connected disability while on active duty in the U.S. Armed Forces during the past year.

5 Check here if you are a veteran entitled to compensation for a service-connected disability during the past year.

6 Check here if you are a member of a family that:
• Received TANF payments for at least the past 18 months; or
• Received TANF payments for any 18 months beginning after August 5, 1997, after August 5, 1997, ended during the past 2 years; or
• Stopped being eligible for TANF payments during the past 2 years because those payments could be made.

7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks during the past year and you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered the job, and that the information is correct, and complete.

Job applicant's signature ►



HELP PUT AMERICA TO WORK AND EARN FEDERAL INCOME TAX CREDITS FOR HIRING NEW EMPLOYEES

WHAT IS THE WORK OPPORTUNITY TAX CREDIT?

The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers who hire individuals from eligible target groups with significant barriers to employment. Each year, employers claim over \$1 billion in tax credits under the WOTC program. The success and growth of this income tax credit for business is beneficial for all who participate, while increasing America's economic growth and productivity.

- **WOTC reduces an employer's cost of doing business,** requires little paperwork, and applying for WOTC is simple.
- **WOTC can reduce an employer's federal income tax liability** by as much as \$9,600 per employee hired.
- **There is no limit** on the number of individuals an employer can hire to qualify to claim the tax credit.
- **Certain tax-exempt organizations can take advantage of WOTC** by hiring eligible veterans and receiving a credit against the employer's share of Social Security taxes.

WHO IS ELIGIBLE?

- **Veterans**
- **TANF Recipients**
- **SNAP (food stamp) Recipients**
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- **Vocational Rehabilitation Referral**
- **Ex-Felons**
- **Supplemental Security Income Recipients**
- **Summer Youth Employees**

Visit <http://www.doleta.gov/business/incentives/oppntax/eligible.cfm> for more target group eligibility information.



HOW MUCH IS THE TAX CREDIT

Employers can earn a tax credit of between \$1,200 and \$9,600 per employee, depending on the target group of the new employee and the number of hours worked in the first year. Employees must work at least 120 hours in the first year of employment to receive the tax credit. Visit <http://www.doleta.gov/wotc> for the maximum tax credit for each WOTC target group.

HOW TO APPLY

To apply for WOTC, employers should follow these steps:

1. Complete IRS Form 8850 by the day the job offer is made.
2. Complete ETA Form 9061, or complete ETA Form 9062 if the employee has been conditionally certified as belonging to a WOTC target group by a State Workforce Agency, Vocational Rehabilitation agency, or another participating agency.
3. Submit the completed and signed IRS and ETA forms to your State Workforce Agency. Forms must be submitted within 28 calendar days of the employee's start date.
4. Wait for a final determination from your State Workforce Agency. The determination will indicate whether the employee is certified as meeting the eligibility for one of the WOTC target groups.
5. After the target group employee is certified by the State Workforce Agency, file for the tax credit with the Internal Revenue Service.

INFORMATION AND RESOURCES

Visit the WOTC web-site, <http://www.doleta.gov/wotc>, for more information on eligibility requirements, how to apply for the tax credit, and WOTC contacts in your state.

Visit the IRS web-site, <http://www.irs.gov>, for more information on how to claim the tax credit.



**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature — All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:
Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

REENTRY
MYTH

BUSTER!

A Product of the Federal Interagency Reentry Council

MYTH: People with criminal records are automatically barred from all employment.

FACT: An arrest or conviction record does NOT automatically bar individuals from all employment

On April 25, 2012, the U.S. Equal Employment Opportunity Commission issued its *Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964, as amended (Title VII)*, 42 U.S.C. § 2000e. The Guidance updates, consolidates, and supersedes the Commission's 1987 and 1990 policy statements on this issue, as well as the relevant discussion in the EEOC's 2006 Race and Color Discrimination Compliance Manual Chapter. These rules apply to all employers that have 15 or more employees, including private sector employers, the federal government, and federal contractors. Below are answers to common questions about the Guidance.

1) Does this Guidance prohibit employers from obtaining and using criminal background reports about job applicants or employees? No, the Guidance does not prohibit employers from obtaining or using arrest or conviction records to make employment decisions. The EEOC simply seeks to ensure that such information is not used in a discriminatory way.

2) How could an employer use criminal history information in a discriminatory way? Two ways -- First, Title VII prohibits disparate treatment discrimination. Employers should not treat job applicants or employees with the same criminal records differently because of their race, national origin, or another protected characteristic (disparate treatment discrimination). Second, Title VII prohibits disparate impact discrimination. Employers should not use a policy or practice that excludes people with certain criminal records if the policy or practice significantly disadvantages individuals of a particular race, national origin, or another protected characteristic, and does not accurately predict who will

be a responsible, reliable, or safe employee. In legal terms, it is not "job related and consistent with business necessity."

3) How would an employer prove "job related and consistent with business necessity"? Is it burdensome? Proving that a criminal record exclusion is "job related and consistent with business necessity" is not burdensome. The employer can prove this if it (1) considers at least the nature of the crime, time since the criminal conduct occurred, and the nature of the job in question, and (2) gives an individual who may be excluded by the screen an opportunity to show why he or she should not be excluded.

4) Why should an arrest record be treated differently than a conviction record?

An arrest record does not establish that a person engaged in criminal conduct. Arrest records may also be inaccurate (e.g., mistakenly identify the arrestee) or incomplete (e.g., do not state whether charges were filed or dismissed against the arrestee). Thus, an arrest record alone should not be used by an employer to take an adverse employment action. But, an arrest may trigger an inquiry into whether the conduct underlying the arrest justifies an adverse employment action.

For More Information:

EEOC Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII:

http://www.eeoc.gov/laws/guidance/arrest_conviction.cfm

EEOC Questions and Answers About the EEOC's Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII:

http://www.eeoc.gov/laws/guidance/qa_arrest_conviction.cfm

What is a REENTRY MYTH BUSTER? This Myth Buster is one in a series of fact sheets intended to clarify existing federal policies that affect formerly incarcerated individuals and their families. Each year, more than 700,000 individuals are released from state and federal prisons. Another 9 million cycle through local jails. When reentry fails, the social and economic costs are high -- more crime, more victims, more family distress, and more pressure on already-strained state and municipal budgets.

Because reentry intersects with health and housing, education and employment, family, faith, and community well-being, many federal agencies are focusing on initiatives for the reentry population. Under the auspices of the Cabinet-level interagency Reentry Council, federal agencies are working together to enhance community safety and well-being, assist those returning from prison and jail in becoming productive citizens, and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

For more information about the Reentry Council, go to: www.nationalreentryresourcecenter.org/reentry-council

**----Non-RHA Properties in Reno and Sparks
with Adjustable Rent Based on Income----**

The following housing programs have income-based rent options.

Applicants for these programs must contact each one directly.

Carville Park Apts (elderly/disabled)

1244 Carville Dr, 89512 323-7443

Centennial Park Annex

1611 Wedekind Rd, Reno NV 89512

333-2800

Community Gardens

2338 Wedekind Rd #12, Reno NV 89512 358-5907

Golden Apts I

520 Brinkby Ave, Reno NV 89509

826-6563

Golden Apts II

3025 Lymbery St, Reno NV 89502

826-6563

John Butterworth Estates

430 Linden St, Reno NV 89502

823-9900

Joseph's Inn (singles)

101 State St, Reno NV 89501

322-2290

Orvis Ring/Metropolitan Garden I

(elderly/disabled)

325 E. 7th St, Reno NV 89512

786-2279

Orvis Ring/Metropolitan Garden II

(elderly/disabled)

726 Evans St, Reno 89512

786-2279

Pinewood Terrace Apts

1455 Evelyn Way, Reno NV 89502

825-1454

Reno Apts I-IV

2300 Wedekind Rd, Reno NV 89512

359-0811

Sierra Manor Apts (elderly/disabled)

2350 Paradise Dr, 89512

331-4166

Washoe Mill Apts (elderly/disabled)

1375 Mill St, Reno NV 89502

323-4299

William Raggio J. Plaza (disabled)

48 S Park St, Reno NV 89502

329-2229

VA Supportive Housing (VASH)

350 Capitol Hill Ave, Reno, NV 89502 327-6600

----Non-RHA Housing Complexes in Reno and Sparks

with Affordable Flat Rents----

These complexes provide an affordable flat rent for low-income households.

4th St Apts

801 E. 4th St, Reno NV 89502

825-0999

Aspen Terrace

355 Kirman Ave, Reno, NV 89502

337-3000

Austin Crest Apts

1295 Grand Summit Dr, Reno NV 89523 787-

9600

Banbridge Apts

1000 El Rancho Dr, Sparks NV 89431

331-7170

The Bluffs Apts

4050 Gardella Ave, Reno NV 89503

322-4993

Boulder Creek Apts

4005 Moorpark Ct, Sun Valley NV 89433 674-

1616

Carriage Stone Sr Apts. (elderly)

695 S. Center St., 89501

333-3310

Citi Vista Senior Apts (elderly)

650 Record St, Reno NV 89512

324-2211

City Center Apts

160 Sinclair St, Reno NV 89512

284-9500

City Hall Senior Apts. (elderly)

625 5TH St, Sparks, NV 89431

331-4900

Cottonwood Village

2655 Yori Ave, Reno NV 89502

825-4999

Courtyard Centre (singles)

695 W. 3rd St, Reno, NV 89503

284-2100

Creekside Apts

2450 Sutro St, Reno NV 89509

379-5484

Dakota Crest Apts

446 Kirman Ave, Reno NV 89502

333-0766

Diamond Creek Apts

1205 S. Meadows Parkway, Reno NV 89521

852-2339

Grace Senior Apts (elderly)

1260 Commerce St, Sparks NV 89431

284-5777

----Non-RHA Housing Complexes in Reno and Sparks with Affordable Flat Rents----

These complexes provide an affordable flat rent for low-income households.

Grenada Apts (singles)

900 I St, Sparks NV 89431
331-1101

Home Suites Apts

615 E. Lincoln Wy, Sparks NV 89431
359-8701

The Inn at Summit Ridge (elderly)

4880 Summit Ridge Dr, 89503
787-3000

Lakeside Manor (elderly)

855 Brinkby Ave, Reno NV 89509
827-3606

Lighthouse of the Sierra (singles)

Clearacre Ln & Crystal Ln, 89512
787-9411

Manhattan Place Apts

930 Manhattan St, Reno NV 89512 *unknown*

Oak Tree Apts

1455 Evelyn Way, Reno NV 89502
825-1454

Paradise View Apts (singles)

2685 Carville Dr, Reno NV 89610
359-7227

Park Manor Apts

33 Park St, Reno NV 89502
337-9222

Parkside Gardens Apts

1800 Sullivan Ln, Sparks NV 89431
359-5555

Park Vista Apts

565 Sparks Blvd, Sparks NV 89434
356-2020

Parkway Lodge (elderly/singles)

49 S. Park St, Reno NV 89512
322-1430

Reno Silvercrest Apts (elderly)

1690 Wedekind Rd, Reno 89512
322-2050

Ridge House (transitional housing)

940 W 1st St, Reno NV 89503
322-8941

Riverside Artist Lofts (singles)

17 S. Virginia St, Reno NV 89501
786-8824

Sierra Crest Apts (elderly)

795 Prater Way, Sparks NV 89431
353-2500

Sierra West Apts

1380 Riley Ave, Reno NV 89502
827-6499

Silver Sage Senior Residence

4885 S. McCarran Blvd, 89502
823-8880

Silver Terrace

1611 Wedekind Rd, Reno NV 89512
333-2800

Southridge Apts

1550 Sky Valley Dr, Reno NV 89503
746-8183

Spanish Hills Apts

1475 Vista Del Rancho Parkway, Sparks 89436
626-1483

Sunrise West Apts

4205 Neil Rd, Reno NV 89502
827-4595

Terracina Apts

2175 Sierra Highlands Dr, Reno NV 89523 747-5855

Trembling Leaves Apts

115 Booth St, Reno NV 89509
324-1336

Vintage Hills Sr Apts (elderly)

4195 West 7th St, Reno NV 89503
787-0109

Vista Point Apt Homes

250 Talus Way, Reno NV 89503
337-8819

Westridge Apts

5250 Villa Verde Dr, Reno NV 89502
747-5959

Whittell Pointe Apts (singles/family)

1855 Selmi Drive, 89512
329-4343

Willows at Wells (55+)

201 S. Wells Ave. Reno, NV 89502
329-4248

Zephyr Pointe

10640 N. McCarran, Reno NV 89503
624-0707

REENTRY MYTH

BUSTER!

A Product of the Federal Interagency Reentry Council

MYTH: Individuals who have been convicted of a crime are “banned” from public housing.

FACT: Public Housing Authorities have great discretion in determining their admissions and occupancy policies for ex-offenders. While PHAs can choose to ban ex-offenders from participating in public housing and Section 8 programs, it is not HUD policy to do so. In fact, in many circumstances, formerly incarcerated people should not be denied access.

On January 5, 2011, during an Interagency Reentry Council Meeting, HUD Secretary Shaun Donovan reminded council members that “this is an Administration that believes in the importance of second chances.” He further stated, “And at HUD, part of that support means helping ex-offenders gain access to one of the most fundamental building blocks of a stable life – a place to live.”

Fact: There are only two convictions for which a PHA **MUST** prohibit admission – those are:

- If any member of the household is subject to a lifetime registration requirement under a State sex offender registration program; and,
- If any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.

Additionally, PHAs must prohibit admission of an applicant for three years from the date of eviction if a household member has been evicted from federally assisted housing for drug-related criminal activity. PHAs must also establish standards which prohibit admission if the PHA determines that any household member is currently engaged in illegal use of a drug or the PHA determines that it has reasonable cause to believe that a household member’s illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents. In these cases, however, PHAs retain their discretion to consider the circumstances and may admit households if the PHA determines that the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program, such as those supervised by drug courts, or that the circumstances leading to eviction no longer exist (24 CFR 5.854).

PHAs must also formally allow all applicants to appeal a denial for housing giving the applicant an opportunity to present evidence of positive change since the time of incarceration.

Working within the parameters and flexibilities of the above regulations, many PHAs have established admissions and occupancy policies that have promoted reuniting families in supportive communities and using stable housing as a platform for improving the quality of life.

For More Information:

See 24 CFR 960.204 for Public Housing, and 24 CFR 982.553 for the Housing Choice Voucher program

What is a REENTRY MYTH BUSTER?

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For more information about the Reentry Council, go to: www.nationalreentryresourcecenter.org/reentry-council



elaine voigt <voigtelaine2@gmail.com>

Ashley Lampman

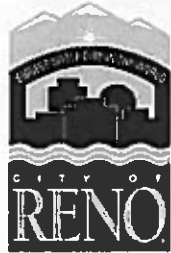
Kasey Johnson <johnsonk@reno.gov>
To: elaine voigt <voigtelaine2@gmail.com>

Mon, Jul 29, 2019 at 3:57 PM

Thank you Elaine!
Kasey Johnson
Project Assistant
Rapid Re-Housing
City of Reno Community Development
P.O Box 1900
Reno, NV 89505
Tel: 775.334.3809
Fax: 775.334.2549
email: johnsonk@reno.gov



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DRESS FOR SUCCESS
RENO - NORTHERN NEVADA

Going Places. Going Strong.

The mission of Dress for Success is to promote the economic independence of women by providing professional attire, a network of support and the career development tools to help women thrive in work and in life. Please complete this application and return it with the appropriate information as soon as possible.

Name of organization _____ Name of referring program _____

Contact Name _____ Title _____ Date _____

Organization address _____

Telephone _____ Fax _____ Email _____

What is your mission statement?

What is the executive director's name? _____

What is the associate director's name? _____

Who is the supervisor of the vocational or job-development programs? _____

Do you have a 501(c)3 status? _____

Are you a government entity? _____

(If you are a for-profit organization, Dress for Success Reno – Northern Nevada will charge fees for its services.)

Does your agency have vocational or job-development programs? If so, please list them.

Who qualifies to participate in your programs (e.g. public assistance, SSI, SSD, immigrants)?

Do your participants have any special needs that Dress for Success should be aware of in order to provide them with our services?

Do you provide ESL, GED or advanced degree/certification classes? Please specify.

What type of job development does your organization provide to applicants? Please list both hard and soft skills.

Do you provide industry-specific training such as food preparation or accounting? Please specify.

Do participants take part in internships? Please specify.

How does your organization assist participants with their job search? Please describe the steps.

Do you train in cycles or by rolling admission?

Do you have a job-retention program? If so, please describe.

How many participants per month do you estimate your organization will refer to Dress for Success Reno – Northern Nevada?

Please email to: reno@dressforsuccess.org

Or

Mail to:

Dress for Success Reno – Northern Nevada
100 No. Arlington Ave., Suite 105
Reno, Nevada 89501

Please attach:

Verification of your non-profit status 501(c)(3) or 501(c)(4) letter of determination
A pamphlet, brochure, etc., that describes your organization



July 25, 2019

Dear Sir/Madam,

I have been partnering with My Journey Home, Elaine Voigt for the past seven years. We first worked together when I was at Truckee Meadows Community College (TMCC) working with non-traditional students interested in workforce education and training. After I left TMCC I have become the Education Director at Northern Nevada Literacy Council (NNLC). At NNLC we work with adults preparing to take their high school equivalency tests.

The partnership with Elaine has been invaluable due to her extensive knowledge and resources for re-entry students. I also have the pleasure of serving on the Board of Director's at My Journey Home and look forward to partnering with Elaine while helping the re-entry population attain their educational and workforce goals.

If I may provide any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Patty Murgolo". The signature is written in a cursive style with a large, sweeping initial "P".

Patty Murgolo, Education Director

Northern Nevada Literacy Council
1400 Wedekind Road
Reno, NV 89512
education@nnlc.org
(775) 356-1007

July 24, 2019

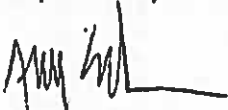
Members of the Nevada Parole Board:

I am writing this letter for the purpose of confirming that Elaine Voigt, Executive Director of My Journey Home, Inc. is a member in good standing of the Reno + Sparks Chamber of Commerce, the largest business organization in northern Nevada. Elaine is a frequent attendee at many of our events and programs.

My Journey Home has also been a consistent member of the Workforce Consortium, originated in 2014 as a way to ensure collaboration and coordination among the many workforce development programs, educational institutions and service providers in the Washoe County area. Elaine has been a regular attendee at monthly meetings for five years and has always been a positive contributor to the effectiveness of this group.

Please contact me for any further information or recommendation I might provide regarding Elaine or the positive outcomes achieved by My Journey Home, Inc.

Respectfully submitted,



Ann Silver
Chief Executive Officer

THE R J BATH GROUP

8555 Double R Blvd.
Suite 108
Reno, NV 89511
(775) 825 2055

July 25, 2019

To whom it may concern:

From: Ronald J. Bath, Maj Gen (ret), USAF

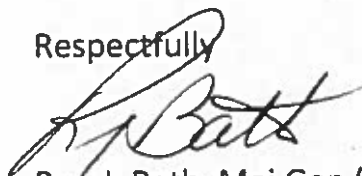
Subject: Participation on the Board of Advisors, "My Journey Home"

Dear Sir or Madam:

I have been affiliated with the My Journey Home organization since approximately 2008 after I retired from the USAF. I am impressed with the commitment and caring attitude of its Director, Elaine Voigt. She has the best interest of Nevada convicted felons and is committed to helping them return to society and a productive life.

I can be reached via the above number with any follow-on questions.

Respectfully



Ron J. Bath, Maj Gen (ret), USAF



7/26/19

Dear State of Nevada Parole Board,

Northern Nevada HOPES (HOPES) is a Federally Qualified Health Center (FQHC) located in downtown Reno, Nevada that provides integrated medical care and support services to individuals with and without health insurance. Using a healthcare team of medical providers, medical and non-medical case managers, behavioral health specialists, pharmacists, and community health workers, HOPES provides integrative care to medically underserved populations. Services are offered on a sliding fee scale and are not denied due to an individual's inability to pay. Our one-stop-shop model helps clients access care by removing barriers such as transportation, fear of stigma, and inability to pay.

HOPES addresses the unmet needs that prevents client's from engaging in care. A central factor of our healthcare model is treatment teams, where everyone involved in a client's care work together to provide holistic and comprehensive care. Services include primary care, chronic disease management, behavioral health, psychiatry, case management, radiology, laboratory, transportation, rental assistance, and a pharmacy equipped with a medication delivery program.

As an organization that provides services to vulnerable and disenfranchised individuals, HOPES collaborates with My Journey Home to assist with the needs of the ex-offenders released from prison that are in need of medical and or psychological attention. HOPES believes that this partnership and support of ex-offenders is vital to their long-term success.

If you have any further questions please feel free to contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Chamberlain".

Sharon Chamberlain, CEO
Schamberlain@nnhopes.org

Workforce Consortium partners

The Row-Mike Schilling

Marathon Truck Body-Roger Baltz

Elizabeth Garcia, Sands Hotel

Children's Cabinet, Jeremy Stocking

Kasey Johnson-City of Reno

Community Court-Judge Tammy Riggs

Attorney Kathy Berning

Patrick McGinnis, Public Defender

Ryan Marlow, Grand Sierra Resort

Adrienne Santiago-American Job Center

Cross Roads -

July 24, 2019

I am writing this letter in support of My Journey Home, Inc. which has been a great partner to the Economic Development Authority of Western Nevada (EDAWN) as we have worked to connect employers and job seekers. As the Senior Vice President of Retention, Expansion and Workforce Development for EDAWN, I have been impressed with the organization's commitment and efforts to provide comprehensive transition programs for those leaving prison.

With declining unemployment, and the increasing need for workers in the region, employers are more open than in the past, to hiring those with non-violent criminal backgrounds. I am especially aware of the great need for programs to assist those who leave these institutions and to provide support as they transition into a work environment.

My Journey Home is a commendable organization that listens to client needs and has created programs that meet those needs. These programs provide the opportunity to successfully address the difficulties and disappointments often accompanied by individuals (and their families) affected by incarceration. I believe that it is in the interest of the state for men and women leaving a correctional facility to have access to resources such as My Journey Home that help them to become productive citizens.

EDAWN has successfully connected My Journey Home with several new and existing local primary companies in our serving area, which has resulted in the placement of their clients in positions (with full benefits) in our region. This is a win for the individuals, the company, and the community. I greatly appreciate your consideration of this letter of support.

Sincerely,

Nancy McCormick

Senior Vice President Retention, Expansion and Workforce Development
Economic Development Authority of Western Nevada (EDAWN)
O 775.829.3719 | C 775.240-6344
mccormick@edawn.org | www.edawn.org
401 Ryland Street Ste 101, Reno, NV 89502