



One Life Transitional Homes

Resident Application

PERSONAL HISTORY:

NAME: _____ TOMIS NUMBER: _____

CURRENT MAILING ADDRESS: _____

PERMANENT ADDRESS: _____

SSN: _____ DOB: _____

PLACE OF BIRTH: _____

NEXT OF KIN NAME: _____

RELATION OF NEXT OF KIN: _____

NEXT OF KIN ADDRESS: _____

NEXT OF KIN PHONE NUMBER: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED

IF APPLICABLE: SPOUSE NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

PRISON HISTORY:

PRESENT INSTITUTION: _____

ADDRESS: _____

EXPECTED PAROLE DATE: _____

NUMBER OF INCARCERATIONS: _____

SPECIFIC OFFENSES THAT LED TO YOUR INCARCERATION: _____

INSTITUTIONAL CONTACT NAME/CASE MANAGER: _____

PHONE NUMBER/EXTENSION: _____

EMAIL: _____

MENTOR/SPONSORS NAME: _____

PHONE NUMBER: _____

SELF IMPROVEMENT PROGRAMS COMPLETED: _____

EDUCATIONAL HISTORY:

HIGHEST GRADE OF SCHOOL COMPLETED:

GRADE SCHOOL MIDDLE SCHOOL HIGH SCHOOL GED COLLEGE

MAJOR FIELD OF STUDY: _____

MILITARY HISTORY:

DID YOU SERVED IN THE MILITARY: YES NO

IF YES, WHAT BRANCH: AIR FORCE ARMY MARINES NAVY

TYPE OF DISCHARGE RECEIVED: _____

IF DISHONORABLE DISCHARGE, PLEASE TELL WHY _____

MEDICAL HISTORY:

WHAT IS YOUR CURRENT STATE OF HEALTH: EXCELLENT GOOD FAIR POOR

DO YOU HAVE ANY HANDICAPS? YES NO

IF YES, WHAT TYPE: _____

HAVE YOU EVER BEEN TREATED FOR DRUG ADDICTION OR ALCOHOLISM? YES NO

IF YES, PLEASE TELL WHEN AND WHERE: _____

ARE YOU TAKING SUBSCRIBED ANY MEDICATION AT THIS TIME? YES NO

ARE YOU TAKING ANY OVER THE COUNTER MEDICATION? YES NO

IF YES, PLEASE LIST ALL MEDICATIONS YOU ARE TAKING AND THE DOSAGES: _____

HAVE YOU EVER BEEN TREATED FOR PSYCHIATRIC PROBLEMS: YES NO

ARE YOU PRESENTLY TAKING PSYCHOTROPIC MEDICATION: YES NO

HAVE YOU EVER BEEN HOSPITALIZED DUE TO PSYCHIATRIC PROBLEMS: YES NO

DO YOU HAVE MEDICAL INSURANCE: YES NO

IF YES, WHAT KIND: _____

SPIRITUAL HISTORY:

RELIGIOUS PREFERENCE: _____

GENERAL QUESTIONS:

HOW DO YOU FEEL ABOUT PARTICIPATING IN A STRUCTURED PROGRAM FOR SELF-IMPROVEMENT?

HAVE YOU RECEIVED ANY DISCIPLINARY WRITE-UPS WHILE IN PRISON? IF SO, BRIEFLY DESCRIBE:

HOW DO YOU FEEL ABOUT HAVING TO ACQUIRE EMPLOYMENT WITHIN 14 DAYS? DO YOU SEE ANY CHALLENGES WITH HAVING TO DO SO?

DO YOU HAVE A GOOD SUPPORT SYSTEM? WHO HAS BEEN A PART OF YOUR SUPPORT SYSTEM DURING YOUR INCARCERATION? WILL THEY BE SUPPORTING YOU UPON YOUR RELEASE?

WHAT CHALLENGES DO YOU THINK YOU WILL FACE UPON YOUR RELEASE WITH REINTEGRATION BACK INTO A "NORMAL" LIFESTYLE AND SOCIETY AS A WHOLE?

WHAT ARE THE STEPS THAT YOU PLAN TO TAKE TO SET YOURSELF UP FOR SUCCESS?

WHAT IS YOUR FUTURE GOALS? 1 YEAR GOALS? 5 YEAR GOALS?

HOW DO YOU FEEL ABOUT BEING INCARCERATED FOR THE CRIME(S) YOU WERE CONVICTED OF?

HOW DO YOU SPEND YOUR TIME DURING THE WEEK AT THE INSTITUTION? WERE YOU INVOLVED WITH ANY SPECIFIC PROGRAMS?

WHAT CERTIFICATES HAVE YOU EARNED OR PROGRAMS YOU HAVE COMPLETED DURING YOUR INCARCERATION?

HOW DO YOU SPEND YOUR WEEKENDS AND HOLIDAYS AT THE INSTITUTION?

WHAT DO YOU LOOK FORWARD TO THE MOST UPON YOUR RELEASE?

WHERE DO YOU THINK ONE LIFE CAN HELP REDUCE FEARS OR CHALLENGES THAT YOU FEEL YOU WILL EXPERIENCE?

WHAT CAN ONE LIFE DO TO HELP YOU ACHIEVE YOUR GOALS IN BEING SUCCESSFUL UPON YOUR RELEASE AND REMAINING FREE LONG TERM?

ADDITIONAL COMMENTS:

I, _____ UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, AND I BECOME A RESIDENT OF (NAME OF PROVIDER), I WILL BE EXPECTED TO:

1. ADHERE TO ALL RULES AND REGULATIONS SET FORTH BY ONE LIFE TRANSITIONAL HOMES
2. ATTEND ALL SELF DEVELOPMENT CLASSES AND REQUIRED MEETINGS SET BY THE DIRECTOR
3. CONTRIBUTE TO THE RUNNING OF THE HOME BY PARTICIPATING IN COMPLETING CHORES AND MAINTAINING A CLEAN SPACE AT ALL TIMES
4. TELL THE TRUTH AT ALL TIMES.
5. REFRAIN FROM BREAKING ANY LAWS AND REFRAIN FROM MANIPULATION AND ENABLING BEHAVIORS WHILE A RESIDENT AT ONE LIFE TRANSITIONAL HOMES
6. SHOW RESPECT TO OTHERS AND RESPECT FOR THEIR OPINIONS

7. WORK SINCERELY TOWARDS MEETING THE GOALS ESTABLISHED TO PREPARE FOR A SUCCESSFUL RE-ENTRY INTO THE COMMUNITY
8. FOLLOW THE DIRECTIONS AND RECOMMENDATIONS OF ONE LIFE TRANSITIONAL HOMES DIRECTOR AND STAFF
9. REMAIN FREE FROM DRUGS AND ALCOHOL DURING YOUR TIME AS A RESIDENT AT ONE LIFE TRANSITIONAL HOMES
10. WORK A FULL TIME JOB AND PAY WEEKLY FEES SET FORTH BY ONE LIFE TRANSITIONAL HOMES

I FURTHER UNDERSTAND THAT PARTICIPATION IN THIS PROGRAM IS STRICTLY VOLUNTARY AND IS NOT BASED ON RACE, CREED, DISABILITY, OR RELIGIOUS PREFERENCE. APPROVAL OF THIS APPLICATION IS BASED SOLELY ON MY WILLINGNESS TO ACCEPT THE ADVICE AND COUNSEL OF STAFF AND THOSE INVESTED IN SEEING YOU SUCCESSFUL UPON YOUR RE-ENTRY AND MY DESIRE TO RETURN TO THE COMMUNITY AS A PRODUCTIVE CITIZEN.

PARTICIPANT SIGNATURE: _____ DATE: _____