

Restoration House Application

38 Peoni Place Schuyler VA 22969

APPLICATION: In order to have your application properly evaluated it needs to be filled out **completely!**

(If there is not enough room on this sheet to answer all questions use another sheet of paper) Update 7/8/16

PERSONAL HISTORY

Name: _____
(Last) (First) (Middle) (Maiden if Applicable)

Social Security Number: _____ - _____ - _____ Inmate's Institutional #: _____

Date of Birth: ____/____/____ Place of Birth: _____
(City) (State) (Zip Code)

Father's Name: _____ Living or Deceased? _____

Father's Address: _____
(Street) (City) (State) (Zip Code)

Mother's Name: _____ Living or Deceased? _____

Mother's Address : _____
(Street) (City) (State) (Zip Code)

(Check one)

Are your parents: separated? Yes No divorced? Yes No

Reason for separation or divorce: _____

Do you have a valid driver's license? Yes No

Type or Class: _____ State: _____ Number: _____

If not, what would it take for you to get it back? _____

Do you use alcoholic beverages? Yes No Occasionally If so, explain: _____

Do you consider yourself an alcoholic? Yes No Have others considered you an alcoholic? Yes No

Have you ever attended an AA Meeting? Yes No If you have a problem, would you attend? Yes No

Do you use any type of drugs? Yes No Occasionally If so, explain: _____

If you are a naturalized citizen, please give the following information:

Certificate: _____

Date entered the United States of America: ____/____/____
(Month) (Year)

Where issued: ____/____/____
(City) (State)

Date of final papers: ____/____/____
(Month) (Day) (Year)

Do you receive any of the following? Social Security check: Yes No Veteran's check? Yes No

Disability check: Yes No Other: _____

PRISON HISTORY

Name of present institution: _____

Address: _____
(Complete mailing address)

City: _____ State: _____ Zip Code: _____

Your institutional number: _____ Counselor's name: _____

Counselor's phone # & extension: _____

(Please check one of the following)

Will you be on: Probation Parole Mandatory Parole When is/was your first parole hearing? _____ / _____ / _____
(Day) (Month) (Year)

How many times have you been up for parole? _____ How long will you be on probation/parole when released? _____
(Circle one)

What reasons have they given for turndown? _____

How often do you go up? _____

Mandatory parole release date: _____ / _____ / _____ Are under the old law or new law?
(Day) (Month) (Year)

How many times have you been incarcerated? _____ How long each time? _____

List below all past institution(s) where incarcerated: (use additional paper if necessary)

(Name of Institution) (City) (State)

Date from/to: _____

Continue list (if needed):

Give three references in the institution (no inmates; one should be the chaplain) (A reference letter from these people will help.)

1. Name: _____ Position: _____

2. Name: _____ Position: _____

3. Name: _____ Position: _____

List all charges, convictions, and other dispositions received, giving dates, places, and outcome. (Use additional paper if necessary.)

(Offense) (City/State) (Date)

Sentence: _____

Continue listing (if needed):

List all institutional infractions in the last 5 years: _____
(Use another sheet if necessary)

(We will request your institutional records in many cases to check charges; if they are not made available the application will be rejected.)

Number of times you have stayed in a mission: _____

Where: _____

Rehabilitation centers attended other than prison: (if more room is needed use another sheet)

A. Where: _____ When: _____

B. Where: _____ When: _____

EMPLOYMENT HISTORY

(The day after you enter the house you will be required to start a job unless prearranged between resident and staff.)

Date available for work: _____ / _____ / _____
(Month) (Day) (Year)

What job training did you have before incarceration? (Check one of the following)

Job Corps Manpower Vocational training Other

If other please explain: _____

What was your last legal job before incarceration? _____
(Very helpful to attain residency)

Job Title: _____ Employer: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Duties performed: _____

What jobs have you worked on while incarcerated?

Institution: _____ Job: _____ How long: _____

What vocational program(s) did you participate in? _____

How long? _____ Did you receive a certificate? _____

List all courses taken while incarcerated: (If shorthand or typing, give speed at course completion. Use additional sheet if necessary.)

List your preferences for employment.

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

List all of your skills: _____

List all machines, equipment, and tools you have experience using: _____

If you get a job where tools are needed, do you have any? Yes No Can you purchase them? Yes No

Have you ever been fired for drinking, or quit because of alcohol or drug use? Yes No

If yes, please explain: _____

FAMILY HISTORY

(Check one)

Marital Status: Married Single Separated Divorced Widow(er)

Spouses Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____

(City)

(State)

(Zip Code)

Date of Birth: _____ / _____ / _____ Phone : (_____)
(Day) (Month) (Year)

If separated, how long? _____

What was the reason for your separation? _____

If divorced, how long? _____

What was the reason for your divorce? _____

If divorced, has your ex-wife remarried single? Yes No Unknown

How long have you been married? _____

Number of times you have been married: _____

If married more than once, complete the information below:

Date of Marriage: _____ Date of Divorce: _____ Reason for Divorce: _____

1. _____ - _____

2. _____ - _____

3. _____ - _____

Number of Children (State from which marriage - #1, 2, or 3; and whether by wife or girlfriend)

1. Mother's name: _____

Names: _____ / _____ / _____

Ages: _____ / _____ / _____

Sex: _____ / _____ / _____

2. Mother's name: _____

Names: _____ / _____ / _____

Ages: _____ / _____ / _____

Sex: _____ / _____ / _____

(If more please list on an additional sheet)

Where are your children now? _____

List all of the dependents you have to support when released, including yourself (use additional sheet if necessary).

Name(s): _____ Age: _____ Relationship: _____

MILITARY HISTORY

Which branch of service were you active? _____ Were you drafted? Yes No Did you enlist? Yes No

What length of time were you in the Armed Forces? From _____ To _____

Check one of the following: World War II Veteran Vietnam War Veteran Korean War Veteran Desert Storm Veteran Golf

Other (Specify) _____

Type of Discharge: _____

Do you have a service-connected disability income? Yes No Were you ever court-martialed? Yes No

If court-martialed, please explain why, when, and the result of the court-martial. _____

EDUCATIONAL HISTORY

What was the last grade you completed? Grade School Junior High School High School GED College

Last year/date you graduated: _____

If you completed college, what was your degree? _____
(Type) (Year)

Major: _____ Minor: _____

Post graduate: _____

List all colleges that you attended. _____

Did you attend any trade schools? Yes No What years did you attend? _____

What type? _____

Did you graduate? Yes No Date of Graduation: _____ / _____ / _____
(Month) (Day) (Year)

What specialized training did you receive? _____

List all trade schools that you attended: _____

Do you speak/read a second language? Spanish English as a second language Other (specify): _____

MEDICAL HISTORY

(Check one)

What is the state of your physical health? Excellent Good Fair Poor Declining

What is your height? _____ Ft _____ In

What is your weight? _____ Lbs What is your usual weight? _____ Lbs

List all major illnesses you have ever had:
(Examples - high blood pressure, asthma, heart condition - stint implant)

List all operations you have ever had:

Do you have any physical problems or limitations? Yes No Occasionally

List and describe physical problems or limitations: _____

Are you handicapped in any way? Yes No

If yes, what type of handicap do you have? _____

Do you have emphysema? Yes No

Have you ever been hospitalized for alcoholism or drug addiction? Yes No

List related illnesses:

Where:

When:

Have you ever used drugs other than for medical purposes?

What Drug:

Length of Time:

Where:

Are you now taking any medication(s)? Yes No

Reason why: _____

How long: _____

Have you ever been committed to a psychiatric hospital? Yes No

Voluntary Admittance? Yes No

Were you admitted by someone else? Where? Who? _____ Date: ____ / ____ / ____

Explanation: _____

Have you ever had a severe emotional breakdown? Yes No

What was the cause? _____

Do you have health insurance? Yes No Name of insurance company: _____

What is your Medicaid/Medicare Number(s)? _____
(Circle one)

RELIGIOUS HISTORY

Are you a church member on the street? Yes No Are you a member of the church where you are incarcerated? Yes No
Have you ever been a church member on the street? Yes No Have you ever been a church member while incarcerated? Yes No

What denomination? _____ Where? _____

How often did you attend church on the street? _____ How often do you attend church where you are? _____

Are you a Christian? Yes No Not Sure Have you ever been baptized? Yes No

When did you become a Christian? _____ / _____ / _____ What is your institutional chaplain's name? _____
(Day) (Month) (Year)

Will the chaplain there or at other institutions write a reference letter for you? Yes No

Please give the religious background of your family when you were growing up (use additional paper if needed): _____

In your own words, how can you be a positive addition to the Restoration House? _____

How can you be a help to others? _____

Why do you want to come and be a part of the Rehoboth Restoration House? _____

Signature: _____

Date: _____ / _____ / _____

Counselor's signature: _____

Phone # & Extension: _____