



*Entrusted Connections **Life House** Application*

Name: _____
(Last) (First) (Middle) (Number) (Institution)

Birthdate: __/__/____ Birthplace: _____
(City) (County) (State)

Social Security #: ____ - ____ - ____ Driver's License: # _____

Marital Status: Married/Single (circle one) Married how many times? _____

Are you in regular contact with your spouse/significant other? ____ Children? ____ Parents/Family? ____

Number of Children: ____ Ages: _____

Last Residence: _____
(Street Address) (City) (State) (County)

Whose Address is this? _____

NEXT OF KIN:

Name: _____ Relationship: _____

Address: _____ Phone: _____

List one other person who will always know how to contact you:

Name: _____ Relationship: _____ Phone: _____

What are your financial obligations? _____

What are your economic resources? _____

HEALTH:

Have you ever been diagnosed with any health problems? (Please circle one) YES or NO

If yes, list diagnosis and treatment received: _____

Are there any other health problems that would prevent you from working? _____

Describe your mental health history: _____

Treatment received: _____

ALCOHOL & DRUG HISTORY:

Do you believe you have/had a drug or alcohol problem? _____

Are you an alcoholic and/or drug addict? _____

List the primary drug(s) used, method of intake and age at first use:

- 1. _____
- 2. _____
- 3. _____

What treatment have you received? _____

EDUCATION: _____ **GED:** _____
(Last grade completed) (Place & Date)

College/Trade School: _____
(Place, hours completed, degree sought)

Military Service? _____ Combat Experience? _____

Years of service: _____ Type of Discharge? _____

LAST JOB HELD: Company: _____

Address: _____

From: _____ To: _____ Why did you leave? _____

Describe the job (task): _____

Were you employed at the time of your most recent arrest? _____

How many free-world jobs have you had in the last 3 years before your arrest? _____

What is the longest time you've held the same job? _____

What are your future employment plans? _____

CURRENT CHARGES: _____

CURRENT CONVICTIONS: _____

Alcohol/drugs prior to (or during) crime? _____

Current Sentence? _____ Date incarcerated, this offense: _____

Did you know the victim? _____ How? _____

Plea bargain/Agreement? _____ Expiration of sentence date: ____/____/____

Have you met the parole board on these charges? _____ How many times? _____

Next parole hearing? ____/____/____ Earliest Release date: ____/____/____

List all disciplinaries: _____

How long since the last disciplinary? _____

Prison job: _____ Prison Programs: _____

Prison Employee, Volunteer, or other Community References:

(Name)	(Position)	(Phone #)	(#of Years Known)
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Who is your counselor or caseworker? _____

PAST RECORD:

Your age at first arrest? _____ Juvenile record? _____

(List all arrest & convictions)

In Juvenile facilities? _____ How long? _____

Prior ADULT arrest, charges? _____

Prior Adult convictions: _____

How much of your adult life has been in prison/jail? _____

Have you ever applied to/or lived in a facility like Entrusted Connections Life House before? _____

If yes, Which one, when & location? _____

Hobbies: _____

Personal Goals: _____

I agree to stay at Entrusted Connections Life House for 90 days. I will follow the program as described in the factsheet. I give permission for Entrusted Connections Life House to see any information in files kept on me by the Department of Corrections or by any other agency. I understand this information will be kept confidential by Entrusted Connections Life House. Ten days after termination of my stay at Entrusted Connections Life House, the staff will dispose of any property left unless I have indicated a name and address of person to be notified.

Signature: _____ Date: _____

Entrusted Connections Life House does not discriminate in selecting applicants solely on the basis of gender, race or religious conviction.