

**APH, Inc. YOUR Reentry Connection**

P. O. Box 53516, Albuquerque, NM 87153

Phone: (505) 440-5937 Fax (877) 986-9227

Email: [leticia@apeacefulhabitation.org](mailto:leticia@apeacefulhabitation.org) Web: [www.apeacefulhabitation.org](http://www.apeacefulhabitation.org)



**ASSISTANCE APPLICATION**

**Today's Date:** \_\_\_\_\_

Reentry back to your family and community can super exciting, and at the same time overwhelming, challenging and demanding! APH, Inc. has been serving women since 2006 and we are here to walk or run with you on your journey to a new YOU. We will start where you are and set up a plan to go where you want to be! You do not need to be on supervision to qualify for our services. Our services are free of charge! Your goal will be our goal! Look forward to meeting you! *Know that wisdom is such to your soul; if you find it, there will be a future, and your hope will not be cut off. Prov. 14:14.*

**Personal Information (Please print legibly)**

Name (Last/ First/Middle Initial) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ DOC Number \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address/Home or Institutional (include Unit): \_\_\_\_\_

Institutional contact person (Caseworker & phone No.) \_\_\_\_\_

Projected Date of Release \_\_\_\_\_ Is this a definite date? \_\_\_\_\_

Veterans/Military Service: \_\_\_\_\_  
Date of Service Branch Type of Discharge

**Family Information**

Marital Status: Single Married Separated Divorced Spouse's name \_\_\_\_\_  
(Circle appropriate status) (If applicable)

Name(s) of minor child or children, what are their ages: \_\_\_\_\_

Do your plans include family reunification? \_\_\_\_\_ Is CYFD involved? \_\_\_\_\_ Any Custody Issues: \_\_\_\_\_

Name of person(s) responsible for your children during and after your incarceration: \_\_\_\_\_

Name & relationship of person to contact in case of emergency: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Legal Matters:**

\_\_\_\_ Outstanding Charges \_\_\_\_ District \_\_\_\_ Municipal \_\_\_\_ Federal \_\_\_\_ County \_\_\_\_ Other  
\_\_\_\_ Probation/Parole: Length of PP Supervision \_\_\_\_\_ Parole/Probation Officer: \_\_\_\_\_

What is your offense history, charges and/or arrests and convictions? \_\_\_\_\_  
\_\_\_\_\_

**Immediate Needs:**

\_\_\_\_ Clothing/Shoes - Sizes: Blouse \_\_\_\_ Pant/Skirt \_\_\_\_ Shoes \_\_\_\_ Dress \_\_\_\_ Favorite Color \_\_\_\_\_  
\_\_\_\_ Hygiene \_\_\_\_\_ Meds (Referrals)  
\_\_\_\_ Medicaid \_\_\_\_\_ Food (ISD)

**Support System:**

\_\_\_\_ AA/NA/Celebrate Recovery or other \_\_\_\_\_ Sponsor  
\_\_\_\_ Mentor \_\_\_\_\_ Church Family  
\_\_\_\_ Sponsor \_\_\_\_\_ Relatives

**Transportation Needs:**

\_\_\_\_ Driver's License or ID \_\_\_\_ Expired \_\_\_\_ Suspended \_\_\_\_ Revoked \_\_\_\_ Fees Owed  
\_\_\_\_ Vehicle \_\_\_\_ Operational \_\_\_\_ Need repairs \_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Bus pass

**Housing Needs:**

\_\_\_\_ Applied to: \_\_\_\_\_ Accepted or Denied \_\_\_\_\_  
\_\_\_\_ Housing: \_\_\_\_\_ HUD Section 8/ County or City of ABQ  
\_\_\_\_ Parole or Released to family  
\_\_\_\_ Furniture  
\_\_\_\_ Household needs (i.e. bedding, dishes)  
\_\_\_\_ Other

**Financial (money management) Needs:**

\_\_\_\_ Open a Checking/Savings Account \_\_\_\_\_ Financial Education  
\_\_\_\_ Fines/Fees \_\_\_\_\_ Child Support Issues  
\_\_\_\_ Outstanding Credit Issues

**Employment Needs:**

\_\_\_\_ Resume \_\_\_\_\_ Interview Preparation  
\_\_\_\_ Job Search Assistance \_\_\_\_\_ Federal Bonding Information  
\_\_\_\_ Other

**Education Needs:**

\_\_\_\_ GED/High School Diploma \_\_\_\_\_ FASFA/Pell Grant Information  
\_\_\_\_ Exam Prep \_\_\_\_\_ Tutors  
\_\_\_\_ Other

**Medical/Mental Health Needs:**

\_\_\_\_ Medicaid/Health Insurance \_\_\_\_\_ Counseling \_\_\_\_ Individual \_\_\_\_ Family  
\_\_\_\_ Prescriptions \_\_\_\_\_ Other

**Achievements/Self-Improvement/Activities During Incarceration:**

\_\_\_\_\_ Religious (Name of Services attended) \_\_\_\_\_  
\_\_\_\_\_ Educational Programs \_\_\_\_\_  
\_\_\_\_\_ Support Groups \_\_\_\_\_  
\_\_\_\_\_ Volunteerism \_\_\_\_\_

Please share any other information you think may be of importance for us to know about yourself: Strengths, weaknesses, difficulties, etc.

**Affirmation**

I am voluntarily applying for services from A Peaceful Habitation, Your Reentry Connection and Date at the Gate. I agree to attend any workshops that will benefit me in my efforts to make a successful transition and reintegration back to my family and community. I authorize release of the above-referenced information for use in deciding about my acceptance. I certify that the information contained in this application is true and complete to the best of my ability. I further understand that any false statements or misrepresentations made by me on this application, interview and assessment, will be grounds for rejection of this application.

I have heard the presentation and understand that APH, Inc., (Your Reentry Connection and Date at the Gate) is a Christ-centered organization with Christian values and that faith/religion is not a requirement to receive assistance from APH, Inc. However, a commitment to positive change, accountability and integrity are important and essential to my transition to become a Committed Citizen.

I understand that acceptance of this application does not guarantee provision of every need, but APH, Inc. will make every effort to assist as much as possible.

Signature: \_\_\_\_\_

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

**RETURN TO: APH, Inc. Your Reentry Connection  
P. O. Box 53516, Albuquerque, NM 87153  
Office: (505) 440-5937  
Fax: (877)986-9227**

\*\*\*\*\*

**Office Use only:**

**Approved or Disapproved**

\_\_\_\_\_  
Program Manager/Committee Member

**APH, Inc.**  
**Your Reentry Connection & Date at the Gate**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, have applied for assistance from APH, Inc., Your Reentry Connection and Date at the Gate that will assist me in my transition from incarceration to my family, community and society. I know that people from the faith community involved with APH, Inc., Your Reentry Connection and Date at the Gate need to have information about me in efforts to determine their ability to provide assistance.

I authorize APH, Inc., Your Reentry Connection and Date at the Gate staff and/or designee(s) to discuss the following issues about me with other programs, in the prison system and the parole division and the community: my name, age, family situation, my crime and my prior history and convictions, my participation and progress in the incarcerating facility programs and/or work release, my support system, my goals and needs, and any other pertinent information that may be necessary to determine how they can best assist me in my transition from incarceration to the community.

I authorize the release of my classification/case management file information, education file, substance abuse records, medical and mental health/psychiatric record information, as well as my probation and parole plan to APH, Inc., Your Reentry Connection and Date at the Gate staff and/or designee(s).

I authorize APH, Inc., Your Reentry Connection and Date at the Gate. staff and/or designee(s) to share pertinent information about me with my prospective mentor(s), as well as volunteers/members of the organization. I understand that the members of that committee may be allowed to read my application form and letters of recommendation. I also understand that APH, Inc., Your Reentry Connection and Date at the Gate staff will have ongoing meetings with the mentors to discuss my progress.

I authorize the staff of APH, Inc., Your Reentry Connection and Date at the Gate to exchange information about me with facilities and/or organizations that I will be referred to for assistance with counseling or other services, i.e.: NMDOC Probation and Parole Officers, PB&J Agency, CYFD, and other support agencies, both before and after my release.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date