

# A Peaceful Habitation Home & Aftercare Ministry, Inc.

P. O. Box 50326, Albuquerque, NM 87181  
Phone: (505)-440-5937 Fax (505) 296-0745

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

## ADMISSION APPLICATION

Answer all questions as completely as possible. Attach additional sheets of paper if more space is needed.

### Personal Information (Please print legibly)

Today's date: \_\_\_\_\_

1. Name (Last/ First/Middle Initial) \_\_\_\_\_
2. Birth date \_\_\_\_\_ Present age \_\_\_\_\_ DOC Number \_\_\_\_\_
3. Institution Address (include Unit) \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Last Home Address \_\_\_\_\_
6. Institutional contact person (Case worker & phone #) \_\_\_\_\_
7. Projected Date of Release \_\_\_\_\_ Is this a definite date? \_\_\_ Yes \_\_\_ No

### Family Information

1. Marital Status  Single  Married  Separated  Divorced
2. Spouse's name (if applicable) \_\_\_\_\_
3. Number and ages of children \_\_\_\_\_
4. Current living arrangements of children \_\_\_\_\_
5. Do your plans include family reunification? \_\_\_\_\_

### CHILDREN: NAMES:

### AGES-DATE OF BIRTH:

_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_

6. Are your family/friends a positive or negative influence? (Please be honest.) Positive \_\_\_\_\_ Negative \_\_\_\_\_
7. Name & relation of person to contact in case of emergency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

## Medical and Substance Abuse History and Information

1. List all past medical problems \_\_\_\_\_  
List all present medical problems \_\_\_\_\_
2. List all past psychological problems \_\_\_\_\_  
List all present psychological problems \_\_\_\_\_
3. List **all** medications you are presently taking and why you are taking them. \_\_\_\_\_  
\_\_\_\_\_

List all medications you have taken in the past and why you were taking them: \_\_\_\_\_  
\_\_\_\_\_

Did you have a problem with alcohol and/or drugs before you were incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what was your drug of choice? \_\_\_\_\_

What other drugs have you used? \_\_\_\_\_

At what age did you begin using? \_\_\_\_\_

Have you ever had treatment for substance abuse? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

For How Long \_\_\_\_\_

4. List counseling programs you have attended \_\_\_\_\_  
\_\_\_\_\_

5. What help or treatment do you need now? \_\_\_\_\_  
\_\_\_\_\_

6. What programs did you participate in during incarceration? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educational and Job Interests

1. Please circle the last grade you completed in school 9 10 11 12 College 1 2 3 4  
Other (i.e. trade school, etc) \_\_\_\_\_

2. List significant jobs you have held \_\_\_\_\_  
\_\_\_\_\_

3. What would you like to do in the future? \_\_\_\_\_

4. What goals are you working on now and will you be working on upon release? (Use a separate sheet, if you need additional room for your response.)

**Religious Affiliation and Involvement**

1. What is your present religious faith? \_\_\_\_\_ How long? \_\_\_\_\_

2. What, if any, is your religious background? \_\_\_\_\_

3. When did you first accept Jesus Christ as your Savior? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

4. Comment briefly on who Jesus Christ is to you, (testimony): \_\_\_\_\_

5. What Christian and self-improvements activities have you been actively involved in while incarcerated? \_\_\_\_\_

6. Explain your spirituality and the role God plays in your life: \_\_\_\_\_

**Legal Matter**

1. What was your current charge(s)? \_\_\_\_\_

2. What is your account of the events that led to your last arrest? (If you need more space attach a page)

3. Arrest Date \_\_\_\_\_ Length of sentence (years & months) \_\_\_\_\_

4. Parole Date \_\_\_\_\_ Length of parole \_\_\_\_\_

5. Parole or probation conditions (counseling/treatment) \_\_\_\_\_

6. Date you will be off parole or probation \_\_\_\_\_

7. Do you have outstanding charges? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

8. What are your offense history, charges and/or arrests and convictions?

9. Have you had any disciplinary reports during your incarceration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what was the report for and the outcome/consequence? \_\_\_\_\_

10. References in addition to staff members: (Name, address and phone number and number of years known:

**No Family Members:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affirmation**

I am hereby applying to APH, Inc. and release this information for use in making a decision about my acceptance. I certify that the information contained in this application is true and complete. I further understand that any false statements or misrepresentations made by me on this application or any supplements thereto will be sufficient ground for rejection of this application or expulsion from APH, Inc. I have read the house brochure and agree to willingly abide by the policies of APH, Inc. I further understand that this is a Christ-centered ministry with Christian values and expectations for my behavior.

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

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

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

**RETURN TO: Leticia Chavez-Paulette, Executive Director  
A Peaceful Habitation Home & Aftercare Ministry, Inc.  
P. O. Box 50326  
Albuquerque, NM 87181  
(505) 440-5937**

**AUTHORIZATION TO RELEASE INFORMATION TO  
A PEACEFUL HABITATION HOME & AFTERCARE MINISTRY, INC.**

I, \_\_\_\_\_, have submitted an application for residency at the Christian transitional home of A Peaceful Habitation Home & Aftercare Ministry, Inc. (hereinafter APH, Inc.). I am also interested in having a mentor or mentors from the faith community through APH, Inc. that will assist me in my transition from prison to my family, community and society. I have received a brochure telling me about the program. I understand what I have agreed to do. I understand the role of the mentors. I know that people from the faith community involved with APH, Inc. need to have information about me in order to determine whether they will be able to assist me.

I give permission for the APH, Inc. Executive Director and/or her designee to discuss the following issues about me with others in the prison programs, in the prison system and the parole division: my name, age, family situation, my crime and my prior history and convictions, my participation and progress in prison programs and work release, my support system, my goals and needs, and **any other pertinent information** that they need to decide if they can accept my application.

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 the APH, Inc. Executive Director and/or her designee. I understand that all of the information will help them determine whether the APH, Inc. can assist me.

I understand that the APH, Inc. Executive Director and/or her designee will share pertinent information about me with my prospective mentor(s), as well as volunteers/members of the APH, Inc. Selection Committee. I understand that the members of that committee may be allowed to read my application form and letters of recommendation. I also understand that the APH, Inc. Executive Director will have ongoing meetings with the mentors to discuss my progress and needs so that she can assist them in assisting me.

I give permission for the APH, Inc. Coordinator to exchange information about me with those facilities and/or organizations that I will be referred to for assistance with counseling, NM DOC Probation and Parole Offices, AMCI, CCU, CCP, PB & J, and other aftercare support agencies, both before and after my release.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

**Client Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**SSN:** \_\_\_\_\_

The above named individual hereby authorizes A Peaceful Habitation and/or its agents to:

**1. Release the following confidential information:**

- |  |   |
|--|---|
| <input type="checkbox"/> Incarceration History   | <input type="checkbox"/> Reports of Progress and Compliance |
| <input type="checkbox"/> Treatment History       | <input type="checkbox"/> Psychosocial Assessment/History    |
| <input type="checkbox"/> Substance Abuse History | <input type="checkbox"/> Substance Abuse History            |
| <input type="checkbox"/> New Life Plan           | <input type="checkbox"/> Other                              |

**2. Receive Confidential Information:**

From:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. Information to be released:**

- |  |  |
|--|--|
| <input type="checkbox"/> Incarceration History                       | <input type="checkbox"/> Probation/Parole History and Plan         |
| <input type="checkbox"/> Substance Abuse History                     | <input type="checkbox"/> Children Youth and Families History       |
| <input type="checkbox"/> Medical History                             | <input type="checkbox"/> Psychiatric History and Treatment Summary |
| <input type="checkbox"/> Psychological History and Treatment Summary | <input type="checkbox"/> Employer Personnel Records                |
| <input type="checkbox"/> School Counseling Records                   | <input type="checkbox"/> Other                                     |

Your rights to confidentiality include protection from release of information of information regarding your diagnosis and treatment except by your written authorization. Drug/Alcohol Abuse information is protected under federal law CFR 42 Part 2, and may not be released except by written authorization.

I understand that the above information is or may be protected by law or regulation and hereby release the Releaser/Receiver of the information and the individual/institution named above from any liability associated with the release of such information. I also understand that this release expires upon my completion of my stay at A Peaceful Habitation Home & Aftercare Ministry, Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION**  
**A Peaceful Habitation Home & Aftercare Ministry, Inc.**  
(To be completed by staff member.)

I recommend \_\_\_\_\_ for A Peaceful Habitation Home & Aftercare Ministry, Inc.'s residential program. I understand that APH, Inc. is a faith-based program and volunteers and mentors will be providing spiritual and emotional support. I also understand that the program will also provide life skills, substance abuse groups and Bible studies. The participants will also be provided resources that will assist them in their transition from prison to the community.

I have known \_\_\_\_\_ for \_\_\_\_\_ months/years and through \_\_\_\_\_

\_\_\_\_\_  
(In what capacity and in what programs.)

Personal opinion of resident's character, strengths and weaknesses:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Return To: Leticia Chavez-Paulette  
Executive Director  
A Peaceful Habitation Home & Aftercare Ministry, Inc.  
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