

A Peaceful Habitation Home & Aftercare Ministry, Inc.

P. O. Box 53516, Albuquerque, NM 87153

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

Email: leticia@apeacefulhabitation.org Web: 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: _____

- Name (Last/ First/Middle initial) _____
Birth date _____ Age _____ DOC Number _____ Social Security No. _____
- Institution Address (include Unit) _____
- Last Home Address _____
- Institutional contact person (Caseworker & phone #) _____
- Projected Date of Release _____ Is this a definite date? _____
- Military Service: _____
Dates _____ Branch _____ Type of Discharge _____

Family Information

- Marital Status: Single Married Separated Divorced Spouse's name _____
(Circle appropriate status) (if applicable)
- Number and ages of children _____ Do your plans include family reunification? _____ Is CYFD involved? _____

Name(s) of Child or Children:

Age(s) – Date(s) of Birth

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

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

Medical and Substance Abuse History and Information

1. List all past (diagnosed) medical problems _____

List all present (diagnosed) medical problems _____

2. List all past (diagnosed) psychological problems _____

List all present (diagnosed) psychological problems _____

List **all (prescribed and over the counter)** 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: _____

3. Did you have a problem with alcohol and/or drugs before you were incarcerated? ____ Yes ____ No

4. If so, what was your drug of choice? _____

5. What other drugs have you used? _____

6. At what age did you begin using? _____ Have you ever had treatment for substance abuse? _____

When _____ Where _____

For How Long _____

7. List counseling programs you have attended _____

8. What treatment do you need now? _____

9. 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 in past 10 years _____

3. What are your short and long term future goals? (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. What church services and self-improvement activities have you been actively involved in while incarcerated?

- 4. Explain your spirituality and the role God plays in your life. _____

- 5. Comment briefly on who Jesus Christ is to you. _____

Legal Matters

- 1. Have you had any disciplinary reports during your incarceration? _____. If “yes”, what was the report for and the outcome/consequences? _____
- 2. What is/are your current charge(s)? _____

- 3. What is your account of the events that led to your current arrest/situation? (Please be explicit and use another page if you need additional space.) _____

- 4. Arrest Date _____ Outcome/length of sentence (years and/or months) _____
- 5. Length of parole and/or probation _____ Date probation/parole begins _____
- 6. Name of Parole/Probation Officer: _____ Date parole and/or probation ends _____
- 7. Do you have outstanding charges _____ If yes, what are they, state or county? _____

- 8. What is your offense history, charges and/or arrests and convictions? _____

References (Name, address and phone number and number of years known): **No Family Members:**

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 to APH, Inc. I authorize release of the above-referenced information for use in making a decision 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 sufficient grounds for rejection of this application or expulsion from APH, Inc.

I have heard the presentation and understand that APH, Inc is a Christ-centered organization with Christian values; I understand the rules, policies and expectations of my behavior for acceptance to APH, Inc. If accepted, I will notify APH, Inc. staff and its designee(s) of any changes in parole plans or incarceration status, or if I have changed my release plans, in a timely manner.

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: **A Peaceful Habitation Home & Aftercare Ministry, Inc.**
 P. O. Box 53516
 Albuquerque, NM 87153
 (505) 440-5937 - Phone
 (877)986-9227 - Fax



Office Use only:

Program Manager/Home Coordinator

Approve/Disapprove

Executive Director

Approve/Disapprove

AUTHORIZATION TO RELEASE INFORMATION TO

A PEACEFUL HABITATION HOME & AFTERCARE MINISTRY, INC.

I, _____, have submitted an application for residency at A Peaceful Habitation Home & Aftercare Ministry, Inc. (hereinafter APH, Inc.), a Christian, structured transitional home. I am also interested in having a mentor(s) 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 their ability to assist me.

I authorize APH, Inc. staff and/or designee(s) 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 may be necessary to determine acceptance to APH, Inc.

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. staff and/or designee(s).

I authorize APH, Inc. staff and/or designee(s) to 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 APH, Inc. staff will have ongoing meetings with the mentors to discuss my progress.

I authorize the staff of APH, Inc. 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.: NM DOC Probation and Parole Officers, PB&J Agency, CYFD, Partnerships in Parenting, Eagles Unlimited and other support agencies, both before and after my release.

Print Name

Signature

Date

A Peaceful Habitation Home & Aftercare Ministry, Inc.

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"/> New Life Plan |
| <input type="checkbox"/> Employment Records (attendance/wages, etc.) | |

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 _____

Progress Report

A Peaceful Habitation Home & Aftercare Ministry, Inc.

(To be completed by Counselor, Chaplain or Teacher)

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. Ms.

_____ is involved in:

(Programs, church activities, self-help, etc.)

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

Printed Name:

Title

Signature

Date

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