

New Life Transition Ministry Intake

Personal Information

Date _____ Name _____
Age _____ Date of Birth _____ Phone # _____
Address _____
Social Security # _____ Driver's License # _____ If you don't have a current driver's license, how did you lose it? _____
What do you need to do to get it back? _____
Name of emergency contact _____ Telephone # _____
Address of emergency contact _____
Presently Incarcerated? Y N Expected Date of Release _____
Facility presently housed _____ City _____ State _____ Zip Code _____
Address prior to incarceration _____ City _____ State _____ Zip Code _____
How long have you been incarcerated _____ How long will you be on parole? _____
What was the nature of your crime? _____
Will you have employment upon release? _____ With Whom? _____
Please list previous work experience/skills. _____

List work history for the past 10 years:

Family History

Have you been married? Y N divorced? Y N
Are you currently legally married? Y N
If yes, explain the status of the relationship? _____

Spouse Name _____ Date of Birth _____
Driver's License # _____
Spouse Employer _____ Telephone _____ Position _____
How long? _____ What is his salary per month? _____

Do you have any children? Y N

1. _____ Sex _____ Age _____ 4. _____ Sex _____ Age _____
2. _____ Sex _____ Age _____ 5. _____ Sex _____ Age _____
3. _____ Sex _____ Age _____ 6. _____ Sex _____ Age _____

Do you have legal custody of your children? Y N

If no, who is the guardian of your children? _____

Contact Info: Address: _____ City _____ Zip _____

Phone number: _____

Will you be expecting your children to join you in New Life Transition Ministry housing? Y N

If yes, when? _____

Medical History

Do you have any current physical illness, diagnosis, or condition? Y N

If yes, what? _____

Who is the doctor who diagnosed you and when? _____

Do you have any current mental health issues, illness, diagnosis or conditions? Y N

If yes, what? _____

Do you have any known allergies? Y N

If yes, to what are you allergic? _____

Are you currently taking any medication? Y N

If yes, what medication(s) and for what are you taking it?

Med: _____ Treating: _____

Med: _____ Treating: _____

Med: _____ Treating: _____

Med: _____ Treating: _____

Med: _____ Treating: _____

If you need additional space, write them on the back of this form.

Are you currently seeing a Primary Care Doctor? Y N

If yes, who is your Primary Care Doctor? _____

Are you currently seeing a Mental Health Provider? Y N

If yes, who is your Mental Health Provider? _____

Have you had a mental health eval in the last 12 months? Y N

If yes, when? _____ by what physician? _____

Do you have insurance, Medicaid or Medicare or other? Y N

If yes, who is your insurance provider? _____

Do you currently have an STD? Y N

If yes, specify: _____

Have you been tested for an STD? Y N

Have you been tested for HIV/AIDS? Y N

If yes, what was the results? Positive Negative

Addiction Information

Are you currently struggling with an addiction? Y N

If yes, what is your addiction? _____

What are your past addictions that you are recovering from? _____

How long have you been sober? _____

List your sobriety date: _____

What are your addiction triggers? What causes you to seek out your addiction? _____

Do you consent to being randomly drug/alcohol tested in the New Life Transition Ministry? Y N

Legal Information

Do you have any felonies or misdemeanors on your record? Y N

If yes, what and what year?

Felony: _____ Year: _____

Felony: _____ Year: _____

Felony: _____ Year: _____

Felony: _____ Year: _____

Misdemeanor: _____ Year: _____

Misdemeanor: _____ Year: _____

Misdemeanor: _____ Year: _____

Misdemeanor: _____ Year: _____

Do you have any upcoming court dates? Y N

If yes, when? _____

Are you currently on probation or parole? Y N

If yes, who is your parole officer? _____

When is your check in with that officer? _____

How much is your monthly fine for probation or parole? _____

Do you owe any probation or parole fines? _____

Are you a registered sex offender? Y N

Do you have a history of violent acts or cruelty? Y N

If yes, explain to the best of your ability _____

Do you have any of the below forms of ID? Y N

If yes, which forms do you have?

___ Birth Certificate ___ ID/driver's license ___ Social Security card

If no, which forms do you need?

___ Birth Certificate ___ ID/driver's license ___ Social Security card

Current Monthly Incomes

How much do you receive from the following sources of income monthly?

AFDC (Welfare) \$ _____ Food Stamps \$ _____ Social Security \$ _____

Utility Assistance \$ _____ SSI (Disability) \$ _____ Child Support \$ _____

Pension/VA \$ _____ Retirement \$ _____ Other \$ _____ Source _____

Are you or any of your dependents handicapped? ___ If so, who? _____

Disability _____

Do you need to apply for any of the above? Y N

If yes, which ones do you need to apply? _____

Bank Information

Bank Name _____ Telephone _____

Address _____

Checking Account # _____ Savings Account # _____

Number of Vehicles _____

Make/Model _____ Year _____ Color _____ Tags# _____ State _____

Make/Model _____ Year _____ Color _____ Tags# _____ State _____

Educational Information

Did you graduate high school? Y N

If no, do you have your GED? _____

Did you graduate college? Y N

If yes, how many credit hours have you completed? _____

Spiritual Convictions

What happens to a person when they die? _____

What will happen to you when you die? _____

How do you know? _____

Before your incarceration, did you have a church home? _____

How often did you attend church? _____

Are you willing to attend Calvary Baptist Church on Sundays and Wednesdays? _____

Date you accepted Jesus Christ as your Lord and Savior and committed your life to Him?

Give a brief explanation of why you are interested in NLTM? _____

I certify that all information is correct and accurate. Any falsification of the information contained in this application will result in rejection. **By signing below, I understand that I am consenting to a background check.**

Applicant Signature

Date

New Life Transition Ministry Oversight Member

Date

New Life Transition Ministry Oversight Member

Date

Reason for transitional Housing Assistance

Application approved _____ Application Denied _____

Reason for decision

October 2021