



# Application For Re-Entry Program

Accepting Applications from Tennessee State Prisons

## Name \*

First Name      Last Name

## Date \*



Month    Day    Year

Each question & section of this application must be completed to be considered for approval.

## Applicant Qualifications for the Re-Entry Program. (Check All That Apply) \*

- A woman 18 years of older
- Currently incarcerated in the State of Tennessee correctional facility
- Must be ambulatory and able to do own activities of daily living (dressing bathing, feeding)
- Willing/able to work up to 29-40 hours per week in order to pay program fees (\$150 weekly)
- Willing to participate in employment, volunteering, educational courses or other daily programs (outside of The Oak Cottage for Women)
- Has at least 6 months' substance free and able to pass a drug screen and breathalyzer upon admission. Willing/able to pay \$150 Nonrefundable deposit to be admitted.

## Name \*

First Name      Last Name

## TDOC/Inmate Number \*

Inmate Number

**Birth Date \***



Month Day Year

**Age \***

Age

**Marital Status \***

**Personal Information (provide prison address) \***

Street Address

How Long?

City State / Province

Postal / Zip Code

**Medical History**

**Medical History:** Any information provided will be protected and will not be shared with individuals without written consent by the applicant.

**Medications**

Medication	Reason for taking	Dosage	Times per day	Date Prescribed
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1

2

3

4

5

6

7

8

Residents will be responsible for their mental and medical health needs and will take their medications on their own as they are prescribed.

**Do you have allergies? \***

Yes

No

**If "yes" to what?**

Allergies

**Do You have any chronic medical conditions (i.e. high BP, diabetes, thyroid, etc?) \***

Chronic Medical Conditions

**Have you ever been told you needed surgery for a medical condition? If so what? \***

**Did you have the surgery and if so when and what was the surgery for? \***

**Are You Pregnant? \***

Yes

No

**If so, what is the expected due date?**

Due Date

**Do you currently owe child support? \***

Yes

No

**If Yes, what is the amount of child support you owe? If no, enter \$0 \***

Child Support Owed

**What is your monthly Child Support Payment Amount? Enter \$0 if you do not owe Child Support Payments. \***

Monthly child support payment

**Have your wages been garnished due to child support? \***

Yes

No

## Mental Health History.

**Have you ever been or are you currently diagnosed with a mental illness? \***

Yes

No

**If yes, what is your historical or current mental health diagnosis?**

Mental health diagnosis

**Have you ever attempted suicide or tried to kill someone else? \***

Yes

No

**If yes, please describe when and how you thought or attempted in the past.**

## Substance Use/Abuse History.

Alcohol Use

**Do you feel you are addicted to alcohol? \***

Yes

No

**What age did you start drinking?**

Age

**How long have you been drinking?**

**When was you last drink?**

**Have you tried to stop using alcohol in the past? \***

Yes

No

**Have you ever been in treatment? \***

Yes

No

**If yes, when, and where?**

Treatment for alcohol

**What were the consequences of your use?**

## **Drug Use**

**What was or is your drug(s) of choice?**

**What age did you start using drugs?**

Age

**How long did or have you used drugs?**

**How often would you use?**

**When did you last use?**

**Do you feel you are addicted to drugs? \***

Yes

No

**Have you tried to stop before?**

Yes

No

**Have you ever been in treatment or a recovery program? \***

Yes

No

**If yes, when and where?**

**What were the consequences of your use?**

**Are you willing to work an intensive recovery program? \***

Yes

No

## **Legal Issues**

**Are you or will you be on Parole or Probation upon release? \***

Yes

No

## **Incarceration History**

**What are your current charges? \***



**Do you have any pending charges or outstanding warrants in any other counties/states? \***

Yes

No

**Have you ever been convicted of a sex offense? \***

Yes

No

**Have you ever received a write-up? \***

Yes

No

**If yes, how many?**

**If yes, identify to write-up(s) and explain**

**When was you most recent write up?**

Recent write-up

**Have you ever been evicted from federally assisted housing for drug related criminal activity within the last 3 years period? \***

Yes

No

**Will you be on parole? \***

Yes

No

**If yes, what date do you go up for parole?**

**Do you have a pending release date? \***

Yes

No

**If yes, what is the pending release date?**

pending release date

**Please provide 2 letters of reference \***

Yes

**Acknowledge that you are aware that we are a faith based home. \***

Yes

NO PERSON WILL BE EXCLUDED ON THE BASIS OR RACE, COLOR, NATIONAL ORIGIN, RELIGION, DISABILITY, FAMILIAL STATUS OR SEX

## **COLLATERAL CONTACT INFORMATION**

In order for us to facilitate your possible admittance into our program, we must have a way to obtain information regarding your release. Please provide the name and phone number of a corrections staff member whom we may contact.

**Corrections staff member name \***

First Name

Last Name

**Corrections staff member phone number \***

Area Code

Phone Number

**Corrections staff member position (case manager/counselor/Sgt./etc.) \***

Position

## **Employment Background**

All residents **MUST** find employment and maintain at least 29-40 hours per week. Jobs will be daytime jobs and curfew is 5:30 p.m. because of public transportation passes and nightly meetings. These meetings include: Job training, life skills, financial responsibility, addiction therapy, etc.

**Do you feel you are capable of working at least 29 hours per week \***

Yes

No

**Last year employed? \***

**Where? \***

**What kind of work have you done in the past? \***

**Prior to incarceration, had you applied for Social Security? \***

Yes

No

**Were you approved for Social Security? \***

Yes

No

**Current status with Social Security? \***

Support documents must be provided of current status before admission decision can be made.

## **Emergency Contact Information**

If I am approved for residency, I give The Oak Cottage for Women, Inc. permission to contact the following individual in the event of an emergency and to assist in arranging transportation to The Oak Cottage For Women, Inc.

### **Name \***

First Name      Last Name

### **Relationship \***

### **Phone Number \***

Area Code      Phone Number

### **Address \***

Street Address

City      State / Province

Postal / Zip Code

I agree that the information provided is true and accurate to my knowledge. I give The Oak Cottage For Women permission to use the information given to make a decision regarding my acceptance into the program or to help with my admission date and/or transportation. I further understand that if I am approved, I will be expected to be compliant with the program guidelines.

**Date \***



Month   Day   Year

**Mail the printed form to:**

The Oak Cottage For Women  
P.O. Box 216  
Franklin, TN. 37065-0216