

Oak Cottage For Women, Inc 2020 Fieldstone PKWY, STE 900-259 Franklin, TN 37069

615-400-4789

www.oakcottage.org

APPLICATION FOR RE-ENTRY PROGRAM

Accepting Applications from Tennessee State Prisons

Name: _____ Date: _____ Date:

- □ Currently incarcerated In the State of Tennessee correctional facility
- □ Must be ambulatory and able to do own activities of daily living (dressing, bathing, feeding)
- □ 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.
- □ 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),

PERSONAL INFORMATION (provide prison address)

Name	Social Security #				
TDOC / Inmate #	Date of	Birth	Age	Marital Status	
Present Address (Prison)			How	long?	_
City	State	Zip	Phone		

MEDICAL HISTORY

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

Please provide a list of the medications you are <u>currently</u> taking: (Write N/A if not applicable)

Medication	Reason for taking	Dosage	Times per day	Date prescribed

*Residents will be responsible for th			nd will take their	
medications on	their own as they a	re prescribed.*		
Do you have any allergies? □ Yes □	No If yes to what	t?		
Do you have any chronic medical conditio	•			
Do you have any enforce medical condition	ins (i.e. high bi , diab	etes, myroid, ete.).		
Have you ever been told you needed surge	rv for a medical cond	lition?		
Did you have it and when?				
What was it for?				
Are you pregnant? \Box Yes \Box No \Box	f yes, what is expected	ed due date?		
Do you currently owe child support?		□ Yes □ No		
If yes, what amount do you owe?	Mont		t•	
Have your wages been garnished due to ch				
There your wages been guillished due to en	ind support.			
MENTAL HEALTH HISTORY				
Have you ever been or are you currently d	iagnosed with a ment	al illness?	Yes 🗆 No	
If yes, what is your historical or current me	ental 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				
What age did you start drinking?	How long have	e you been drinking?		
When was your last drink?				
Do you feel that you are addicted to alcoho	ol?	□ Yes □ No		
Have you tried to stop using alcohol in the	past?	□ Yes □ No		
Have you ever been in treatment?		\Box Yes \Box No		
If yes, when, and where?				
What were the consequences of your use?				
Drug Use				
What was/is your drug(s) of choice?				
What age did you start using drugs?				
How often would you use?				
Do you feel that you are addicted to drugs	!	\Box Yes \Box No		
Have you tried to stop before?	2	\Box Yes \Box No		
Have you ever been in treatment or recove		\Box Yes \Box No		
If yes, when and where?				
What were the consequences of your use?				

Are you willing to work an intensive recovery program?

LEGAL ISSUES

Are you or will you be on Parole or Probation upon release? \Box Yes \Box No Do you have a release date? \Box Yes \Box No (if Yes, what is the projected date you go up for Parole?)______

Incarceration History: What are your current charges?			
Do you have any pending charges or outstanding warrants in any other counties/states?	\Box Yes	□ No	
Have you ever been convicted of a sex offense?	□ Yes	□ No	
Have you ever received a write-up? □ Yes □ No How many?			
If yes, please identify the write-up(s) and explain?			
When was your most recent write up?			

Additional Information:

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

□ Please provide 2 letters of references (Ex. Volunteer, Staff)

□ Acknowledge that you are aware that we are a Faith based home.

Projected Release Date:

NO PERSON WILL BE EXCLUDED ON THE BASIS OF 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.

Name:	_ Phone Number:
Position (case manager/ counselor/Sgt./etc.): _	

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 that you are capable of working at least 29 hours per week?		\Box Yes \Box No
Last Year Employed:	Where?	
What kind of work have you done	e in the past?	
Prior to incarceration: had you applied for Social Security?		\Box Yes \Box No
Were you approved?		🗆 Yes 🛛 No
Current status: □ approved □	lplanning to reapply	

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	Relationship
Telephone Number (Including Area Code)	
Address	

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.

Signed ______

Date_____

MAKE SURE YOU SEND YOUR 2 REFERENCES ALONG WITH YOUR APPLICATION.