



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: _____

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

Applicant Qualifications for the Re-Entry Program: *(Check All That Apply)*

- A woman 18 years of age or 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)
- 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 currently taking: (Write N/A if not applicable)

Medication	Reason for taking	Dosage	Times per day	Date prescribed

LEGAL ISSUES

Are you or will you be on Parole or Probation upon release? Yes No
Do you have a release date? Yes 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? 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? 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? Yes No
Current status: approved planning 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.