



Oak Cottage  
for women

## 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 \$200 Nonrefundable deposit to be admitted.
- ☐ Willing/able to work up to 29-40 hours per week to pay program fees (\$175 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 from 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

**\*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 any allergies? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

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

Have you ever been told you needed surgery for a medical condition? \_\_\_\_\_

Did you have it and when? \_\_\_\_\_

What was it for? \_\_\_\_\_

Are you pregnant? ☐ Yes ☐ No If yes, what is the expected due date? \_\_\_\_\_

Do you currently owe child support? ☐ Yes ☐ No

If yes, what amount do you owe? \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_

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? \_\_\_\_\_

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 you been drinking? \_\_\_\_\_

When was your last drink? \_\_\_\_\_

Do you feel that you are addicted to alcohol? ☐ Yes ☐ No

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? \_\_\_\_\_

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 long did/have you used? \_\_\_\_\_  
How often would you use? \_\_\_\_\_ When did you last use? \_\_\_\_\_  
Do you feel that you are addicted to drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you tried to stop before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been in treatment or recovery programs? \_\_\_\_\_ Yes \_\_\_\_\_ 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? \_\_\_\_\_ 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? \_\_\_\_\_  
When was your most recent write up? \_\_\_\_\_  
If yes, please identify the write-up(s) and explain? \_\_\_\_\_

### 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 reference (Volunteer, Staff, Mentor, Chaplain, Family Member)

☐ Acknowledgement 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

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. ***This must be completed with name and contact information.***

**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 can work 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.

**Supporting documents must be provided of status before the 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 decide regarding my acceptance into the program or to help with my admission date and/or transportation. I understand further 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.**

**The Oak Cottage for Women, Inc**  
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