



Re-Entry Program Application Packet

Please read all the materials, then complete all forms as indicated and return to:

This Is Living Ministries

P.O. Box 3756 Cookeville, TN 38502

Intake: Taylor Walters 931-239-6318 or 931-319-5974

Rules and Guidelines

1. Use of any drugs, tobacco products, and alcohol are prohibited
2. No unsupervised phone calls or visits and NO conjugal visits
3. All participants and their belongings will be subject to random searches
4. All participants are subject to random drug screenings
5. Use of sleep aids (melatonin, etc.) are prohibited
6. Profanity or pornography of any kind are prohibited
7. Personal hygiene is expected (Participants must shower daily)
8. No contacting or visiting with persons not listed on contact sheets
9. Appropriate clothing MUST be worn at ALL times
10. Food will only be allowed in dining areas
11. Beds will be neatly made before leaving rooms to begin daily activities
12. Participation in daily activities is required of all persons
13. All lights out at bedtime
14. All participants must be respectful of each other's living space and belongings
15. No leaving the house or grounds without staff approval
16. No glorification of old life
17. No guests are permitted to stay overnight for any reason
18. Participants agree to pay participation fees once they reach phase 3 of the program
19. Participants must gain full time employment during phase 3
20. No physical or verbal threats will be tolerated
21. Sexual harassment is grounds for dismissal
22. No intimate, physical, and/or sexual behavior with ANYONE during program
23. No burning incense or candles
24. No driving while in the program
25. No pets allowed
26. No contact with anyone incarcerated (including spouse or family)

A more detailed list of Rules and Guidelines will be given to you, if you are accepted into our Women's Re-Entry Program.

Participant Application

AN INCOMPLETE APPLICATION WILL BE DISCARDED, PLEASE THOROUGHLY ANSWER ALL QUESTIONS!

Have you ever been a participant in the This Is Living Re-Entry program? YES NO

Is this your first time applying to become a participant? YES NO

Qualifications

- 18 years or older
- Has had a substance addiction or dependence
- Has been incarcerated for at least 6 months
- Is willing to participate in employment, volunteering, education courses and all other faith-based activities offered
- Passed drug screening prior to admission
- Must have been part of re-entry training while incarcerated

Personal Information

Full Name: _____

DOB: ___/___/___ Age: _____ SSN: _____-_____-_____ Phone: ()-____-_____

TDOC #: _____ Application date: ___/___/___

Incarceration address: _____

City: _____ State: ___ County: _____

How long have you been incarcerated? _____

Parole Eligibility date: _____ Parole Hearing date: _____

Estimated date of release: _____

Emergency Contact Info

Name: _____

Phone: ()-____-_____

Relationship: _____

Incarceration Information

What are your current charges? _____

Do you have any pending charges and if so, what are they, which county/state are they in, and when are you set to appear in court on these charges? _____

Do you have any possible outstanding warrants? YES NO

Have you ever been convicted of a sex offense, violent crime, or arson? YES NO

How many times have you been in jail one or more nights? 1-3 4-7 8+

How many times have you been in prison one or more nights? 1-3 4-7 8+

Do you have any felonies? YES NO

Please list charge, date, & location: _____

Name of Probation/ Parole officer _____

Address of supervision office _____

Phone number: _____ Fax Number: _____

Email address: _____

Identification

Do you have a copy of your birth certificate? YES NO

Do you have a copy of your social security card? YES NO

Do you have a copy of your state ID or DL? YES NO

What state were you born in? _____

Medical History and Information

List of medication(s): _____

Reason for taking: _____

Dosage and times per day: _____

Date prescribed: _____

Approx. Medication cost: _____

Have you been tested for any of the following? If so, please list the test date and the results.

Hepatitis A YES NO ___/___/___ Positive Negative

Hepatitis B YES NO ___/___/___ Positive Negative

Hepatitis C YES NO ___/___/___ Positive Negative

TB YES NO ___/___/___ Positive Negative

HIV/AIDS YES NO ___/___/___ Positive Negative

Have you ever been told you have any of these? YES NO

Have you ever been treated for any of these? YES NO

If yes, please explain: _____

Please list all allergies: _____

Do you have any chronic medical conditions? YES NO

If yes, please list and explain: _____

Have you ever had or needed surgery for an existing medical condition? YES NO

Please list the dates of the surgery(ies) if you answered yes: _____

Are you physically able to participate in full time employment, chores and work duties? YES NO

Are you or have you ever been pregnant? YES NO

Have you ever had an abortion or a miscarriage? YES NO

Have you ever been hospitalized (aside from having children)? YES NO

If so, when was your last hospitalization and what were you treated for? _____

Have you ever been diagnosed with a mental illness? YES NO

If yes, what illness and did you seek treatment (please list treatment facility as well)? _____

Have you ever tried to commit suicide? YES NO If so when? _____

Have you ever tried to kill/ hurt someone else? YES NO If so when? _____

Have you ever harmed yourself? YES NO If so when? _____

Has harming yourself become a life controlling problem? _____

Trauma History

Sexual: _____

Physical: _____

Emotional: _____

Have you ever been in counseling for these issues? YES NO

Sexual orientation? Heterosexual Homosexual Bisexual Transgender

Substance Abuse History

Has drug/ alcohol use been prevalent in your family? Which family members? _____

At what age did you begin using drugs? _____ When was your last use? _____

What was your drug(s) of choice? _____ How often did you use? _____

What age did you start drinking? _____ When was your last drink? _____

Has incarceration been prevalent in your family? Which family members? _____

Have you tried to stop using drugs prior to incarceration? YES NO Did it work? YES NO

If no, what do you believe caused the relapse? _____

If yes, how many consecutive days without use? _____

Have you ever been in a treatment or a recovery program? YES NO

If yes, when, where, and what type? _____

What were the consequences of your drug use? _____

Spiritual

Do you believe in God, Jesus, and Holy Spirit? YES NO

Have you attended church? _____ How often did you attend? _____

Do you have a church preference? _____

How would you describe your relationship with God? _____

Have you ever been involved in religious practices (sorcery, witchcraft, voodoo, etc.)? YES NO

Family

Marital status: (MARRIED / WIDOWED / SEPARATED / DIVORCED / DATING/ SINGLE)

Spouse's name: _____

Length of relationship: _____

How is your relationship with your spouse? _____

Does your significant other have a drug or alcohol abuse problem? YES NO

Have they been arrested or charged with any crimes? If yes, when and what charges? _____

Would your spouse be helpful to your sobriety? YES NO NOT SURE

Do you have children? YES NO

How many and what ages? _____

Names of children: _____

Who currently has custody of your children? Please list names, relationship, and address. _____

How is your relationship with the care givers of your children? _____

How were you disciplined as a child? _____

Are you parents still living? YES NO Are they still together? YES NO

Please explain your relationship with your parents. _____

Do you know of anyone that would want to know your whereabouts in order to bring harm to you in any way? YES NO

If yes, please explain: _____

General Program Rules Agreement

The following are several of the basic rules for This Is Living Ministries. You will be provided with a complete policy handbook upon admittance. The TILM program is offering a life changing opportunity to participants for a minimum of 12 months and maximum of 18 months.

Christian Growth Center:

I understand:

- This Is Living is a Christian Growth Center, and I agree to be included in Biblical teaching and Christian forms of activities.
- My main purpose for being in the program is to learn a new way of life, not just to escape current situation.
- My main goal is to complete the long-term TILM program and become a productive member of church and community.

I always agree to take personal responsibility for my own attitude and behavior. I understand that what program authority calls incorrect or improper behavior, and/or a bad attitude will be addressed and may be disciplined if necessary. I will agree to do the disciplinary action or project with an improved attitude.

Personal:

I will not:

- Possess or use drugs at any time (this includes psychiatric medication)
- Smoke or have cigarettes in my possession.
- Curse or use off-color expressions or bodily gestures or names
- Talk about street life, drugs or glamorize my past or my wrong doings.
- Horseplay, wrestle, or engage in inappropriate bodily contact.
- Put my hands on other participants or staff in any unacceptable fashion.
- Become part of or help create cliques in the home.
- Go outside of the house/grounds without staff permission.
- Bring, books, knives, guns or weapons of any type.
- Bring or possess a radio or anything concerning music such as CD or MP3 player, iPod, or other music playing device.
- Bring or possess any electronic devices such as cell phones, computer/laptop, tablet, or schedulers.

Family:

I agree:

- To the staff screening and reading my mail, prior to being sent and after arrival of incoming mail.
- To write only two 3-page letters per week to members of my immediate family only – I will not write to boyfriend/fiancé.
- To not use anyone or any means to communicate with a boyfriend or fiancé/fiancée,
- To my phone calls being monitored

Group:

I agree:

- To participate in all scheduled activities including class, devotions, church, work, reading, recreation, etc. I will do what is required to execute action steps and reach desired outcome.
- I will do my utmost to include myself in groups in order to change past behavior and learn new skills.
- To conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
- I will give healthy feedback to my peers in TILM during groups and not condemn nor persecute any other participant. I will share experience, strength and hope. I will share how I went through a given situation not what another should do.

Discipline:

I understand:

- That I am expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day. I also understand that any tardiness, unpreparedness, and other forms of carelessness will result in disciplinary action.
- That my room must always be kept in a neat and orderly manner. I agree to work with my roommates to keep it clean and in shape for inspection.
- There will be a dress code. (Refer to dress code in the handbook)
- There will be a grooming code: hair combed, shower once a day etc.
- That disciplinary action may include: extra duty, loss of privileges, suspension or dismissal.

I, _____, hereby certify that all the above information is correct to my knowledge. I agree to the terms of This Is Living and am willing to commit to my new life. I understand the views of this organization and I am ready to begin my new journey into sober living in a Christian atmosphere. I have read these rules and my signature indicates that I have a good understanding of them and that I am willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Applicant Signature: _____ Date: _____

This is Living Ministries

Authorization to Release Confidential Information

Full Name _____ DOB _____

SS# _____ TDOC # _____

From/To: This is Living Ministries

From/To: _____

Name and address of person or organization sending/receiving information.

I specifically consent only to the release of information pertaining to: (check those that apply)

- | | |
|---|---|
| <input type="checkbox"/> Residential records | <input type="checkbox"/> Meeting attendance |
| <input type="checkbox"/> Case management records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatric records | _____ |
| <input type="checkbox"/> Medical records | _____ |
| <input type="checkbox"/> Alcohol and drug records | _____ |

Information to be released: (include dates) Date from: _____ Date to: _____

- | | |
|--|--|
| <input type="checkbox"/> Resident Plan | <input type="checkbox"/> PCP Communication |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Appointment Summary |
| <input type="checkbox"/> Goal Summary | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Criminal Background Check |

The purpose of this information is for Continuum of Care, _____
_____.

An emailed or faxed copy of this release shall be as valid as the original.

Signature: _____ Date: _____ Expiration Date: _____

TILM Staff Signature: _____

- o Release of Information is valid for up to one year, unless otherwise specified.

I am revoking this release of information. I reserve the right to revoke this release of information at any time during my stay at TILM. Any information previously distributed does not fall under this revocation. I understand that this revocation may not apply where legal matters override.

I am revoking due to: _____

Resident Signature: _____ Date: _____