

I'm In Transition, Inc

Prison Pre-Release Questionnaire

Please answer all questions to the best of your ability and print your information neatly

Last Name _____ First Name _____ Middle Initial _____

Date of Birth: ____/____/____ Sex: _____

Institution Name _____ Inmate No _____

Institution Address _____

How long have you been incarcerated? _____ Date of expected release _____

Prior to receiving our assistance, you must work with your Chaplain or Case Manager concerning your re-entry needs.

Name of Chaplain / Counselor _____ Phone number _____

Address (please include City, State, Zip) _____

Please give a description of your current spiritual life _____

Will you commit to a three month rehabilitation program after your release? Yes or No
If not, how long and why? _____

Check the answer that best fits the type of program structure you think you need

- A ____ Christian: Very Structured
- B ____ Christian: Lightly Structured
- C ____ Non-Christian: Very Structured
- D ____ Non-Christian: Lightly Structured

Do you have a geographic restriction as to where the residential program is located? Yes or No
If yes, please explain _____

Will you have employment at your time of release? Yes or No

Do you smoke? Yes or No

Have you ever used drugs or alcohol? Yes or No If yes, how long have you been clean? _____

Do you have any physical disabilities? Yes or No If yes, please explain _____

Do you or anyone in your family have a mental disorder? Yes or No

If yes, please list relationship or self _____

Are you presently on medication? Yes or No If yes, for what purpose _____

Reason for incarceration? _____

Do you have any restraining orders (*order of protections*) filed for you or against you in Cuyahoga County?
Yes or No If yes, please explain

Are you or will you be listed as a registered sex offender upon released? Yes or No

Would you consent to us contacting your Public Defender/Attorney/PO? Yes or No

Attorney Name Phone number

Address (*please include City, State, Zip*)

Please provide your condition of probation/parole and PO's contact information

Condition of probation/parole

Officer Name Phone number

Please list two references (*Pastor, employer, family member, friend etc...*)

Name Relationship Phone number

Name Relationship Phone number

List three reasons why you should be accepted to this program:

- 1. _____
- 2. _____
- 3. _____

The information disclosed is confidential and is provided only to I'm/Hope In Transition, Inc. I understand that I may revoke this consent at any time by notifying the Provider. _____ (initials)

By signing this document, I agree that the information provided is true to the best of my knowledge. I understand that I can be revoked from the program if information is found falsified. I release this information and give permission to I'm/Hope In Transition, Inc. to perform additional inquiries for reason of assessment for acceptance into their transitional home & programs.

Signature **Date**

After completing this form, please mail to the address below or fax to 216.916.0995

I'm/Hope In Transition, Ministries
2490 Lee Blvd., Ste 308
Cleveland, Ohio 44118

I'm In Transition

Regular Application

A Christ Centered Program

"I can do all things through Christ which strengthens me", **Philippians 4:13**

Last Name _____ First Name _____ Middle Initial _____

Date of Birth: ____/____/____ Sex: _____ Your Phone Number: _____

Better Known as: _____

Home Address: _____

1. Give a description of your current spiritual life: _____

2. Will you commit to a redirection program for 3 months? _____

3. Are you on Probation/Parole? Yes or No Do we have your permission to contact him/her Yes or No
If yes, please list your P.O.'s name: _____ Number: _____

4. Do you have a geographic restriction as to where the residential program is located? Yes or No
If yes, what township/area do you prefer **not** to be placed within Cuyahoga County? _____

5. Do you have a job? Yes or No. Are you looking for work? Yes or No

6. Do you smoke? Yes or No. If yes, Do you have a problem going outside in the designated smoking area to smoke? Yes or No

7. Are you struggling with a drug or alcohol addiction? Yes or No

8. Do you need drug or alcohol counseling? Yes or No

9. How long have you been fighting this addiction? _____

10. Why do you think you haven't overcome this addiction? _____

11. Do you have any physical disabilities? ____ If yes, please explain: _____

12. Do you or anyone in your family have a mental disorder? Yes or No

If yes, please list relationship or self _____

13. Are you presently on medication? Yes or No. If yes, what type of meds and for what purpose?

14. Do you have kids under the age of 18? If yes, are they in a safe place? _____

15. Are you HIV Positive? Yes or No

16. Do you have Hepatitis C? Yes or No If yes; are you aware of the cure and would you want to receive it?

17. What gender do you consider yourself? Male, Female, Bi Sexual

18. Have you been tested for TB? Yes or No. If yes, what's the results? _____

19. Are you registered sex offender? Yes or No

20. Have you ever had any run ins with the law/criminal justice? Yes or No. If yes, when _____

21. Who should we contact in case of an emergency?

Name, address, and phone number

Name, address, and phone number

Name, address, and phone number

22. Are you involved with another program/agency? Yes or No. If yes, please name the program and how they are helping you.

23. Please list 3 reasons we should accept you in this program:

1. _____

2. _____

3. _____

ONLY BRING WHAT YOU NEED AND CAN FIT IN A 4 DRAWER DRESSER AND HALF A CLOSET. WE DON'T STORE YOUR ITEMS

The information to be disclosed is confidential and is provided only to IIT/HIT In Transition. I understand that I may revoke this consent at any time by notifying the Provider. _____ (initials)

I consent that the requested information is true to the best of my ability. I understand that I can be revoked from the program if information is falsified. _____ (initials)

Signing this document, I release this information to IIT/HIT In Transition for reason of assessment to be accepted into their male/female mentoring program.

Signature

Date

IIT Representative

Date

Fax it to: 216.916.0995