

Dismas House of Massachusetts

PLEASE COMPLETE & RETURN APPLICATION TO:

Dismas House, Post Office Box 30125, Worcester, MA 01603
Phone (508) 799-9389 (Dismas House) or (508) 882-0000 (Farm)

PREFERRED PLACEMENT(circle one)

DISMAS HOUSE

DISMAS FAMILY FARM

NO PREFERENCE

NAME: _____
(Last) (First) (Middle) (bracelet/prison number) (Institution)

Birth date: ____/____/____ Birthplace _____ Social Security # _____
(City) (State)

Race/ethnicity (s): _____ Driver's License # _____

Last Residence _____
(Address) (City) (Country) (State)

Whose address is this? _____

NEXT OF KIN: Name: _____ Relationship: _____

Address: _____ Telephone: _____

One other person who will always know how to contact you?

Name: _____ Relationship: _____ Telephone: _____

Address: _____

What are your debts? _____

Do you have savings or income? _____

Marital Status _____ Names and ages of children _____

Status of your child support/child custody? _____

In regular contact with spouse or significant other (s)? _____

Children? _____ Parents/Family? _____ Other? _____

GOALS:

What are your short term goals? (1-3 months) _____

Medium range goals (3-6 months) _____

Long range goals (1 year +) _____

HEALTH:

Have you ever been diagnosed for any physical health problem? _____

List treatment received: _____

Are there any medications you regularly take? List them: _____

Are there any other health problems that would prevent you from working? _____

Have you been diagnosed, or do you believe that you have any mental health problems? _____

Treatment received: _____

RECOVERY HISTORY:

Do you believe you have a drug or alcohol problem? _____

List primary drugs of use, method of intake and age at first use:

1. _____

2. _____

3. _____

What treatment have you received in prison? _____

What treatment have you received on the streets? (i.e. counselors, meetings, other programs) _____

What is the longest period of sobriety you have had on the streets? _____

How long have you been sober **now**? _____

What is your **specific plan for recovery**? _____

EDUCATION:

Last grade completed: _____ GED (Place and date): _____
College/Trade School: _____

(Location, Hours Completed, Degree Sought)

Military Service? _____ Combat Experience? _____

EMPLOYMENT:

Last Company: _____
Address: _____
From: _____ To: _____ Why did you leave? _____
Describe job: _____
Were you employed at the time of most recent arrest? _____
What kind of work do you do? _____
What kind of work, training, or school **would you like to do?** _____

What is the longest time you've held the same job? _____
What are your credit problems: _____

CURRENT CHARGES:

CURRENT CONVICTIONS:

Alcohol/drugs prior to (or during) crime? _____
Alcohol/drugs in prison? _____
Current sentence? _____ Date incarcerated, this offense: ____/____/____
Did you know the victim? _____ How? _____
Expiration of sentence date: ____/____/____
Next parole hearing: ____/____/____ Earliest release date: ____/____/____
List and date **all** disciplinaries: _____

Prison Job: _____ Prison Programs: _____
Past prison programs: _____

Who is your counselor or caseworker? _____
*****WHAT IS YOUR CASE WORKER'S NUMBER?***** _____

PAST RECORD:

Your age at first arrest? _____ Juvenile record? _____
(List all arrests and convictions)

In Juvenile Facilities? _____ How long? _____
All Prior **ADULT** arrests, charges: _____

All Prior **ADULT** convictions: _____

How much of your adult life has been in prison/jail? _____
Federal/Out-of-State charges and convictions? _____

ADDITIONAL INFORMATION:

Have you ever applied to/lived in a Dismas House? _____ Which one? _____
Hobbies: _____

THE STATEMENT BELOW MUST BE READ, UNDERSTOOD, SIGNED AND DATED.

I agree to stay at Dismas programs for at least 6 months. I will live in community as described in the fact sheet for the program that I have received. I give permission for Dismas to see any information in files kept on me by the Dept. of Corrections or by any other agency. I understand this information will be kept confidential by Dismas. Thirty days after termination of my stay at Dismas programs, staff will dispose of any property left.

SIGNATURE: _____ DATE: _____

DISMAS HOUSE DOES NOT DISCRIMINATE APPLICANTS ON THE BASIS OF GENDER, RACE, SEXUAL ORIENTATION, NATIONALITY OR RELIGIOUS CONVICTION.