

**VITAL SIGNS RE-ENTRY MINISTRY,
APPLICATION RETURNING CITIZENS'S INFORMATIONAL
SHEET**

COMPLETE AND FAX FORMS TO 678-298-9848:

NOTE TO APPLICANT: THE MORE WE KNOW ABOUT YOU, THE BETTER WE CAN HELP YOU. ALSO, SOME INFORMATION, SUCH AS THE FACT THAT YOU ARE AN EX-OFFENDER, MUST BE SHARED WITH PROSPECTIVE EMPLOYERS. ****

NOTE*** WE DO NOT ACCEPT ANY SEX RELATED CRIMES *****

**I. PERSONAL INFORMATION
APPLICANT'S**

NAME: _____
DATE: _____
GDC# _____ EF# _____

Cell Phone# _____ Email Address _____

Returning Citizen's Previous Mailing Address:

_____ CITY: _____
STATE: GA ZIP CODE: _____

DATE OF BIRTH: _____ AGE _____ Place of Birth: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ Gender _____
ARE YOU A U.S. CITIZEN? YES ___ NO ___ REFERRED TO US

BY: _____
RACE:
ASIAN ___ BLACK ___ CAUCASIAN ___ HISPANIC ___ OTHER _____

MARTIAL STATUS NOW:

SINGLE ___ MARRIED ___ SEPARATED ___ DIVORCED ___ -WIDOWER _____

DEPENDENT CHILDREN (NAMES & AGES):

1. _____ 2. _____
3. _____ 4. _____

NEXT OF KIN: NAME: _____ PHONE: (_____) _____

ADDRESS: _____
_____ CITY: _____ ST. _____ ZIP: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE: _____ HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES NO WHICH STATE: _____
DO YOU HAVE A BIRTH CERTIFICATE: YES NO (IN YOUR FILE) YES NO

****THESE ARE NEEDED FOR YOU TO BE ABLE TO GET A JOB, PLAN AHEAD****

II. MEDICAL INFORMATION

1. HAVE YOU EVER TESTED POSITIVE FOR ANY COMMUNICABLE DISEASES SUCH AS: TUBERCULOSIS, HIV+, (AIDS), VENERAL DISEASES, HEPITITUS A,B,C, ETC. ?
YES, NO EXPLAIN

2. DO YOU HAVE ANY MEDICAL PROBLEMS OTHER THAN THOSE LISTED ABOVE? TYPE DIFFICULTY THEY CAUSE YOU

3. DO YOU HAVE ANY LIMITATIONS/HANDICAPS? YES NO EXPLAIN

4. HAVE YOU EVER BEEN HOSPITALIZED FOR DRUGS OR ALCOHOL PROBLEMS? YES, NO IF YES, LIST BELOW.

5. HAVE YOU EVER BEEN TREATED AND/OR COMMITTED FOR PSYCHIATRIC REASONS (MENTAL HEALTH), OR DEPRESSION? YES NO IF YES WHERE AND WHEN

6. HAVE YOU BEEN HOUSED IN THE MENTAL HEALTH UNIT WHILE INCARCERATED? YES NO HOW LONG? _____

7. ARE YOU ON ANY PRESCRIBED MEDICATIONS? YES, NO IF YES, EXPLAIN

Are you classified as Mental Health? Yes No If yes, what level _____

8. IN YOUR OPINION WHAT IS THE STATE OF YOUR PHYSICAL HEALTH? POOR FAIR GOOD EXCELLENT _____

9. DO YOU HAVE ANY WORK LIMITATIONS; YES _____ NO _____ IF YES EXPLAIN:

10. WHAT IS YOUR AGE _____ WEIGHT _____ HEIGHT _____

11. DO YOU SMOKE? YES _____ NO _____ OCCASIONALLY _____

****Smoking is not allowed in the house****

12. DO YOU DRINK ALCOHOL? YES _____ NO _____ OCCASSIONALLY _____
EXPLAIN _____

13. DO YOU CURRENTLY OR HAVE YOU USED DRUGS? YES _____ NO _____
JUST OCCASIONALLY? _____

If yes, when was the last use? What is your drug of choice?

III. JAIL & PRISON HISTORY (NOTE: IF CHARGES ARE NOT PROVIDED WE CANNOT PROCESS YOUR APPLICATION).

1. HAVE YOU EVER BEEN CHARGED/CONVICTED WITH ANY SEX RELATED CRIMES
YES _____ NO _____ ****WE DO NOT ACCEPT ANY SEX RELATED CHARGES.****

2. WHAT IS YOUR PRESENT CHARGE? _____

3. WHAT IS THE LENGTH OF YOUR SENTENCE? _____

4. DO YOU HAVE A TPM? _____ MAX-OUT _____

5. WILL YOU BE ON PAROLE? _____ PROBATION? _____ E.MON. _____ HOW LONG? _____

6. IF ON PROBATION, WHICH COUNTY? _____

7. ***NOTE***IF YOU ARE TO BE PLACED ON ELECTRONIC MONITORING BY THE PAROLE BOARD, THE COST OF EM SERICE IS YOUR RESPONSIBILITY!!!!

8. Upon arrival you are to bring **\$300 deposit** and **\$200.00** for first weeks rent. Deposit will be forfeited if you do not give a 30-day notice prior to moving out.

9. -----

ARE YOU FACING ADDITIONAL CHARGES AFTER YOUR RELEASE? YES NO _____

10. _____ IN GEORGIA? _____ OUT OF STATE? _____ WHERE? _____

11. ****HAVE YOU COMPLETED THE *TOP STEP* PROGRAM IN YOUR PRESENT INSTITUTION?
YES _____ NO _____ WAS IT OFFERED? _____

HAVE YOU RECEIVED YOUR BIRTH CERTIFICATE? **** YES _____ NO _____ (REQUIRED TO HAVE IN YOUR FILE).

HAVE YOU RECEIVED YOUR SOCIAL SECURITY CARD? **** YES _____ NO _____ (REQUIRED TO HAVE IN YOUR FILE).

12. HAVE YOU ATTENDED PRE-RELEASE CLASSES IN THE LAST 6 MONTHS? YES _____ NO _____

13. WHEN DID YOU START PREPARING FOR YOUR RELEASE FROM INCARCERATION?
LAST WEEK? _____ LAST MONTH? _____ 6 MONTHS AGO? _____

WORK HISTORY: (DO NOT STRETCH THE TRUTH, BE HONEST)

WHAT KIND OF JOBS DID YOU WORK AT WHILE INCARCERATED?

14. DO YOU HAVE ANY PROFESSIONAL SKILLS? JOBS YOU HAVE HELD BEFORE INCARCERATED?
BE SPECIFIC _____

15. WHAT KIND OF MACHINERY ARE YOU QUALIFIED TO OPERATE? _____

Have you been certified to operate any machinery? _____

16. WHAT IS THE MOST SUCCESSFUL JOB YOU HAVE EVER HAD?

IV. EDUCATION:

1. DO YOU READ AND WRITE ENGLISH? YES _____ NO _____ WHAT IS THE HIGHEST
GRADE LEVEL YOU COMPLETED IN SCHOOL? _____

PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED:

_ GRADE SCHOOL _____ JUNIOR HIGH _____ HIGH SCHOOL _____ GED _____

_ COLLEGE (CIRCLE YEAR) 1 2 3 4 _ POST GRADUATE

IF COLLEGE,

WHERE? _____

2. HAVE YOU EVER ATTENDED ANY TRADE SCHOOLS? YES _____ NO _____ IF YES,
WHAT/WHERE/WHEN _____

3. DO YOU WANT TO INCREASE YOUR EDUCATION AND TECH SKILLS AFTER
RELEASE? YES _____ NO _____

**V. FINANCIAL INFORMATION – THERE IS AN UPFRONT FEE OF \$30
IF YOU HAVE NEVER HAD AN OUT OF STATE DRIVERS LICENSE, THE FEE IS
INCREASED TO \$50. (THIS COVERS YOUR GEORGIA STATE ID FROM THE DMV.)**

1. DO YOU HAVE FAMILY TO HELP YOU FINANCIALLY? YES _____ NO _____

2. WHAT DEBTS MUST YOU PAY WHEN YOU GET A JOB?

CHILD SUPPORT _____ Yes _____ NO _____ ALIMONY
PAYMENT

3. DO YOU RECEIVE ANY FINANCIAL ASSISTANCE? YES _____ NO _____

SOCIAL SECURITY _____ DISABILITY _____ OTHER _____

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VI. RELIGIOUS HISTORY

1. DO YOU ATTEND CHURCH REGULARLY IN PRISON? YES _____ NO _____ (IF

NO WHY
NOT)? _____

2. WHAT IS YOUR DEMONINATION? _____

3. ARE YOU A "BORN AGAIN" CHRISTIAN? YES _ NO_ NOT SURE_

4. HAVE YOU EVER BEEN BAPTIZED IN WATER? YES _____ NO _____

5. HAVE YOU EVER BEEN BAPTIZED IN THE HOLY SPIRIT? YES _____ NO _____

6. DO YOU READ THE BIBLE DAILY? YES _____ NO _____ SOMETIMES _____

7. DO YOU PRAY? YES _____ NO _____ DAILY? _____

8. DO YOU UNDERSTAND THAT VITAL SIGNS RE-ENTRY MINISTRY AND CHURCH
IS REQUIRED, ALONG WITH A CHRISTIAN ATTITUDE? WILL YOU PARTICIPATE IN
THE PROGRAM 100%, WILLINGLY?

YES _____ NO _____ UNSURE _____

DESCRIBE YOUR GOAL IN LIFE

WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT YOURSELF, A JOB
OR HOW WE CAN BEST HELP YOU FIND THE JOB MOST SUITED TO YOUR
EXPERIENCE, TALENT, EDUCATION, AND DESIRES. _____

RELEASE AUTHORIZATION

THIS AUTHORIZES VITAL SIGNS RE-ENTRY MINISTRY TO USE WHATEVER INFORMATION IN THIS APPLICATION INCLUDING ALL OF MY MEDICAL INFORMATION AND DISCIPLINARY RECORDS TO EVALUATE ME FOR ACCEPTANCE INTO VITAL SIGNS RE-ENTRY MINISTRY IN ORDER TO ASSIST ME UPON MY RELEASE FROM PRISON AND REENTRY TO SOCIETY.

I DECLARE BY MY SIGNATURE BELOW THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.

(SIGNATURE OF OFFENDER) (DATE OF OFFENDER SIGNATURE)

(SIGNATURE OF WITNESS) (TITLE) (DATE OF WITNESS SIGNATURE)