

RESTORATION HOUSE RESIDENT APPLICATION

14-Dec-14

Return Application to: Restoration House, 4141 Soledad Avenue, Sacramento, CA 95820 – Fax (916) 254-7318

Before applying, please read “Restoration House: Reentry Residential Program for Men” to be sure you understand what we offer and require, and that it is right for you. All information submitted is confidential. **Answer all questions.** Please type or print.

GENERAL INFORMATION

Parolee _____ CDCR# _____
Last First Middle or County Jail # _____

Age _____ Birthday: Month _____ Day _____ Year _____ Race _____ Today’s Date _____

Prison/Jail Mail Address: _____
(Current Housing _____)

Street Contact Person/Address/Phone and relationship to you:

Are you a military veteran? _____ If yes, discharge status: _____

What sources of income will you have? Be specific (examples “My family will pay fees.” or “I have a job waiting at Acme Paint.”)

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INCARCERATION & PAROLE: Number of times in prison/jail _____ Total years incarcerated _____

If now in prison/jail, ___ parole date? _____, or ___ BPH hearing date? _____
County of Last Legal Residence: _____

Will you be on: ___ parole ___ probation ___ other (explain) _____

If now on parole, when did parole/probation begin? _____ Present living situation (family, apartment, halfway house, etc.):

Parole/Probation Agent _____ Office Phone: (____) _____

Commitment Offense(s) (use words, not Code numbers):

Are you required to Register? _____ PC 290 _____ PC 457.1 _____ HS 11590 _____ PC 186.30
Sex Arson Drugs Gang

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FAMILY: ___married ___never married ___divorced/separated ___children

Family members in the Sacramento area: Give relationship/name/address/phone of at least one.

HEALTH: Physical or health limitations on your activities or for full time employment:

___Hepatitis () ___HIV/AIDS ___TB positive ___Diabetes ___

Are you now, or have you been, in a mental health treatment program? _____
CCCMS? _____ EOP? _____ If so, what and where:

Have you had a substance abuse problem? _____ If so, drug(s) of choice: _____

Are you now, or have you been, in a Drug/Alcohol Rehab program? _____
If so, what and where?

What are your "triggers" that need to be avoided? _____

Are you now active in AA or NA? _____

Will you be taking doctor-prescribed medications? _____ If yes, which and for what?

Special diet or other health requirements:

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EDUCATION: ___did not graduate high school ___high school diploma/GED ___college(___yrs)

Education, vocational classes taken in prison and certifications:

What, if any, are your educational or vocational training goals?

What level of computer skills do you have?

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EMPLOYMENT

Former street jobs and employable skills, any certifications:

What jobs are you capable of doing now?

PERSONAL TO YOU (Please feel free to continue answers on back of page, or on extra pages.)

- 1 In what, if any, religious activities do you participate in prison/jail?
- 2 What, if any, church did you belong to before prison/jail?
- 3 What, if any, is your current practice of prayer and/or Bible study:
- 4 Of what one quality about yourself are you most proud?
- 5 What one quality in you causes the most trouble with other people?
- 6 What will be your biggest challenge in building a positive future for yourself? Why?
- 7 What is a major goal you want to achieve by the end of your first year on the street?
- 8 Restoration House is for men who are “committed to life and lifestyle change.” Be specific about what you need to change and are ready and committed to change:
- 9 Be specific about “life and lifestyle” changes you have already begun while in prison/jail:
- 10 Restoration House is a family-like environment with men of all races, ages, sexual orientation and commitment offenses. How will you handle this diversity?
- 11 What one or two components of our program most attract you? Why?
- 12 Hobbies, favorite activities, and special interests:
- 13 What else would you like to share about yourself?