## FRESH START ENTRANCE QUESTIONAIRE

## **Incarcerated and Detained Application**

Please fill out this form completely. If you need additional space please use the back of this form. All of your answers and information will be kept confidential.

## FRESH START IS LOCATED IN Marshall, MO

1. Name:	DOC Number:
2. Complete DOC address:	
(Phone Numbeber if available	)
3. Social Security #:	Date of Birth:
4. Marital Status: Married, Single, Divo	orced, Widowed. (Circle one).
a. Name of spouse or ex-spouse	<b>b.</b> If married tell us a little about the situation:
your home plan supposed to be in):	supposed to parole to: (What county did you get convicted in, what county is
6. Do you have a sexually related offen	ise(s): YES - NO
a. Do you have a violent offense(s): Y	ES - NO
b. Do you have a Drug related charge(	s): Yes - NO
c. Name of current institution Probation/	Parole Officer/Case worker if you know who it is:
<b>d</b> . Phone Number:	Ext:
e. Are there any special circumstances re	egarding your Probation/Parole?
What is your expected release date:	How certain is that
How much time have you served this inc	carceration
How much time total have you spent inco	arcerated in your life
7. Past drug or alcohol use:	
a. Have you ever been in a drug or alcoh	nol treatment program?b. If yes, how many
c. What type of drugs have you dealt with	h?
<b>8.</b> Are you taking prescription medication	n Why are you prescribed medication? (Explain purpose)

What is the name(s) of the medication you take	
When was your last Doctors visit for this medication?	
9. Have you ever been admitted to a mental facility or a mental	al treatment program? Yes or No?
If yes – Where, how long, and for what?	
<b>10. Spirituality</b> : Do you see God as a part of your life? If yes	please explain
<b>11. Groups and Programs:</b> Do you attend church services, b incarcerated? Explain:	ible studies, AA/NA/CA or any other program while
12. Past work experience:	
13. Relationships:	
Are you in a committed "romantic" relationship? How Long? Do you feel it's a healthy relation	(If Yes) Why or why not?
Do you have kids? How many? Do you have a relationship wi	th your kids?
Do you have an open Child Support Case?	
14. Emergency contacts:	
Name: Relationship:	Phone #:()
<b>15.</b> Why do you want to live at the Fresh Start House?	
<b>16.</b> Do you feel you have a problem with decision making, alc	cohol or drugs? Please explain:
17. List some short term goals for your life (the next six mont	hs).
18. Any other information that you think might be helpful so	that we can serve you better:
You can have this form sent to us in one of the following ways: Mail:	FRESH START P.O. Box 507 MARSHALL, MO 65340

You can have this form sent to us in one of the following ways: Mail: FRESH START P.O. Box 507 MARSHALL, MO 65340. Fax to: 660.886.8888 Email: info@pwrhousecdc.org In order to be considered for the home you must have an entrance questionnaire submitted to us and processed with us and our local Probation and Parole office. Our response to you should not take any longer than 30 days. In some cases we can respond faster but it must be done through your case worker.