



IMPACT PROGRAM APPLICATION

You must complete this application in its entirety. Please answer all questions with honesty. Do not leave questions blank. Return this application to:
The IMPACT Program Network, 1923 Washington St, Suite 2279, Houston, Texas 77007

FOR OFFICE USE ONLY: **SID NUMBER:** _____

Today's Date:		Current Unit of Incarceration:			How did you hear about us?					
First Name:		Middle:		Last:						
Current Address:										
City:			State:		Zip					
Ethnicity <small>(Circle choice)</small>	African American	Alaska Native	Asian	Bi-racial	Caucasian	Hawaiian/Pacific Islander	Hispanic/Latino	Multi-Racial	Native American	Other:
Date of Birth:		Age:		Birth City and State:						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a United States Citizen, what country are you a citizen of?										
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard										
If you are a veteran, what is your military discharge status? <input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Other than honorable <input type="checkbox"/> Bad conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Entry level separation <input type="checkbox"/> Medical separation										
If not currently incarcerated, what is your phone number:										
If not incarcerated, what is your email address:										

EMERGENCY CONTACT INFORMATION (LIST TWO)

First Name:		Last Name:		Relationship:	
Address:			Apt/Unit #		
City:		State:		Zip:	
Phone:					
First Name:		Last Name:		Relationship:	
Address:			Apt/Unit #		
City:		State:		Zip:	
Phone:					

INCARCERATION AND LEGAL HISTORY

TDCJ/Prison/Jail ID #		Have you ever been arrested or incarcerated prior to this current offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times: Felonies: _____ Misdemeanors: _____			
What type of unit are you currently in? <input type="checkbox"/> Federal Unit <input type="checkbox"/> TDCJ ID <input type="checkbox"/> TDCJ State Jail <input type="checkbox"/> County <input type="checkbox"/> Other:					
Current Offense(s) charged with:					
What county did the offense(s) occur in?					
How long have you been incarcerated?		Projected Release Date:		Maximum Sentence Date:	
Will you be on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parole Eligibility Date:		Will you be on a parole monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
What influenced you to commit the offense(s)?					
How do you feel about your current offense(s)?					
Have you ever been convicted of a sexual offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the charge?					
Are you required to/will you have to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many years have you been registered?			
If yes, do you have any child safety zone restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how long do you have to continue to register?			
Do you have a history of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Do you have outstanding warrants or legal problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.					
Do you have any outstanding fines or restitution to be paid? If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No					
Status of driver's license		<input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Do not have one		State of issue:	

List all prior offenses (felony and misdemeanor). Use a separate sheet of paper if necessary. Please list all

Date	Charge	Sentence Length	Time Served	Unit/Facility

PERSONAL AND FAMILY INFORMATION

Address at the time of your incarceration:

City: _____ State: _____ Zip: _____ County: _____

Who were you living with? _____ How long were you at this residence? _____

Were you homeless when arrested for your current offense? Yes No Have you ever been homeless? Yes No

Have you ever been married? Yes No Current marital status: Single Engaged Married Separated Divorced Widowed

If married: Spouse's First Name: _____ Last Name _____

Spouse's Address: _____

Spouse's Phone Number: _____ Date of Marriage: _____

Is spouse willing to attend biblical counseling if time permits? Yes No Uncertain

Have you and your spouse ever been separated (excluding incarceration)? Yes No When: _____

Has either of you filed for divorce? Yes No When: _____

How old were you when you got married? _____ Husband: _____ Wife: _____

How long did you know your spouse before marriage? _____ How long did you date before marriage? _____

How long were you engaged before marriage? _____ How many previous marriages? _____

Are you a parent: Yes No Do you have children under 18 yrs old? Yes No

Do you owe child support payments? Yes No If yes, do you owe back child support? Yes No If yes, how much? \$ _____

Name of Child	Gender (M/F)	Age	Who does the child live with?	What is the status of your relationship with the child?

Any additional information about your children you would like to share?

Are your parents living? Mother: Yes No Father: Yes No *If living, please list their names below*

Mother's Name: _____ Father's Name: _____

By whom were you raised? Both parents Single Parent Parent and Step-parent Grandparents Foster Parents Other: _____

If you were raised by anyone other than your parents, please briefly explain:

Growing up, how did you feel about your parents?

What type/quality of childhood did you have?

Do you have brothers and/or sisters? Yes No How many Brothers: _____ How many Sisters: _____

Any additional information you would like to share about your family?

EDUCATION HISTORY

High School Graduate: Yes No If no, what is the highest grade level completed: GED: Yes No

College : Yes No If yes, do you have: Masters Bachelors Associates

If you attended college, what was your field of study?

List any skilled and/or trades you are proficient in and indicate if you have a certification.

Trade/Skill	Cert (Y/N)	Trade/Skill	Cert (Y/N)

What courses have you taken while incarcerated?

SUBSTANCE ABUSE AND HEALTH HISTORY

1. ALCHOL AND SUBSTANCE ABUSE

Have you ever had a problem with alcohol? Yes No Been addicted to drugs (prescription or illegal) Yes No

If yes to either question above, enter Drug Name or "Alcohol" if alcohol use in chart below and completed all info.

Drug Name or Alcohol	Age First Used	Date of Last Use	Days Used In Past 12 months	# of Years Used	Amount/Frequency	Method (Oral, Nasal, Smoking, Injection, Inhalation)

Did your use of drugs and/or alcohol ever effect your: Employment Yes No Finances Yes No Relationships Yes No

History of alcohol detox? Yes No History of overdoses? Yes No

History of blackouts? Yes No History of seizures? Yes No History of hangovers? Yes No

History of serious withdrawal, life threatening side effects or seizures during withdrawal? Yes No

Number of detoxes? Number of inpatient programs? Number of outpatient programs?

Ever attended 12-Step Meeting? Yes No Familiar with 12-Steps? Yes No Ever had a sponsor? Yes No

Longest period of voluntary abstinence from drugs/alcohol? Do you want to stop using drugs and/or alcohol? Yes No

What are your feelings about your drug and/or alcohol use?

2. PHYSICAL AND MENTAL HEALTH HISTORY

Rate your health? (choose one) Very Good Good Average Poor

Any current serious medical concerns (other than mental health)? Yes No

If yes, what medical concerns/conditions do you have, other than mental health?

Ever diagnosed with a mental illness? Yes No If yes, what was the diagnosis?

Any psychiatric hospitalizations? Yes No Suicide attempts? Yes No

Any serious mental health issues that have gone untreated? Yes No If yes, please explain.

Currently taking any mental health medication? Yes No If yes, list below in medication section below.

Are you taking any medications other than mental health medications? If yes, please list in medication section. Yes No

If you leave this section blank, you are indicating that you are taking no medications.

Name of Medication	Reason for Use	Name of Medication	Reason for Use

Were you ever abused sexually? Yes No Were you ever abused physically (non-sexual abuse)? Yes No

If yes to either, have you ever received any form of counseling or ever discussed the abuse with anyone? Yes No

Have you recently suffered the loss of someone who was close to you? Yes No If yes, please explain.

Are there any other physical or mental health issues/problems not listed above? Please give details below.

INCOME AND EMPLOYMENT HISTORY

Are you, or will you be, receiving any of the following income?
 Social Security Disability Check Social Security Check Veteran's Benefits Check

Do you plan to file for disability upon your release? Yes No If yes, how do you plan to earn income while waiting for disability payments?

Name of Last Employer: _____ Job Title: _____

Address/Location: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

What is the longest time you have been employed at one job?

Have you ever been fired from a job? Yes No If yes, how many times? What was the cause of your termination?

List experience with machines, equipment, tools, etc.: _____

Do you have any prearranged plans for employment? Yes No If yes, please explain.

Will you diligently seek employment? Yes No What do you anticipate your monthly income to be once you are working? \$ _____ month

What are your plans for employment? What type of employment will you be seeking?

List any significant health issues that might hinder you from obtaining employment?

PERSONAL FAITH

Are you currently participating in religious services at your unit? Yes No Are you a Christian? Yes No

Are you currently involved in any biblically based studies? Yes No Have you been part of a faith-based dorm? Yes No

Please list the names of the bible studies/correspondence courses you are participating in:

To what denomination do you belong, if any?

Before your incarceration, were you a member of a church? Yes No If yes, list name of church:

If you consider yourself a Christian, how has your faith been expressed in the way you live your life?

Multiple empty horizontal lines for providing answers to the questions above.

PERSONAL REFLECTION ***FAILURE TO COMPELTE THESE QUESTIONS WILL RESULT IN AN APPLICATION DENIAL *******

Please provide the name and phone number for a personal reference that we may contact. This may be a chaplain, relative, or non-relative.

Name:

Phone Number:

Share what you feel your issues/problems are?

Multiple empty horizontal lines for providing answers to the question above.

What have you done to overcome these issues/problems?

Multiple empty horizontal lines for providing answers to the question above.

What can we do to help you (what are your expectations of our organization)?

Multiple empty horizontal lines for providing answers to the question above.

What kind of person do you see yourself as (describe yourself honestly)?

Multiple empty horizontal lines for providing answers to the question above.

What are your hopes, dreams and goals after your release?

Please share your story/testimony of faith.