



Journey Application Form

Date: _____

2 Corinthians 5:17 “If anyone is in Christ, he is a new creation. The old has passed away; behold, the new has come.”

Journey is a Christ-centered, faith-based program to mentor motivated individuals begin the transition from incarceration to being a long-term positive member of society. This one-year program is Biblically based and designed to help individuals begin helping themselves as God reshapes their lives.

To be accepted to Journey, and begin work, you need to have upon arrival: 1) Birth Certificate, 2) Social Security Card, and 3) State issued photo I.D.

Personal Information

Name: _____
(First) (Middle) (Last)

Social Security # : _____ DOB _____

Marital Status: Single ____, Married ____, Divorced ____, Separated ____, Widowed ____,
Common Law ____

Applicant’s last address (Before Prison): _____
City: _____ State: _____ Zip: _____

Best contact email address: _____

Best contact phone number: _____

Name _____ Relationship _____

Two Contacts (Type of contacts are: Legal, Medical, Family, Spouse, or “Other”)

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Type: _____

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Type: _____



Background:

Race: Black __ White __ Latino __ Asian __ Other __

Religious Affiliation: _____

(This does NOT affect acceptance into the program)

Denominational Affiliation (If Christian): _____

Education completed: Some High School __, Graduated High School ____,
Some college ____, Graduated college ____, GED ____, Trade ____,

Are you interested in obtaining your GED if possible? Yes No

Have you served in the U.S. Military? Yes / No Branch: _____

Most recent employer: _____

(Name/Contact #): _____

Re-Entry: AIS#: _____ EOS Date: _____ Parole Date: _____

Have you ever been convicted of a sexual offense or have charges pending? Yes / No

Have you ever received as Rule 38 disciplinary while incarcerated? Yes / No

Do you have to report for urine screens? _____ Where? _____ Color? _____

List all convictions you have been sentenced for:

Date: _____ Offense: _____ Degree: ____ Original Sentence: _____ Time Served: _____

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NOTE: We do not act as your lawyer. If you need any legal work done, you will need to contact your lawyer. We do not provide transportation to our location from your place of incarceration.



Medical

This is NOT a detoxification or drug rehab facility. If you arrive and fail intake drug screen, you will be refused admittance.

Do you have problems with any of the following conditions (Check all that apply)?

- High/low Blood pressure Diabetes Heart Condition Open sores Epilepsy
- Kidney/Bladder HIV/AIDS Hepatitis C Tuberculosis
- Back Problems Hip/Knee Replacement

Other (Please explain): _____

List any allergies: _____

Have you ever been in psychiatric care? _____ When? _____
Why? _____

Doctor's name: _____ Phone: _____

Diagnosis: _____

Do you have current problems or any history with (Check all that apply):

- Depression Bipolar Disorder Borderline Personality Disorder
- Antisocial Personality Disorder Any type of brain injury Dementia
- Paranoia Schizophrenia Psychotic Disorder

Explain in detail if any of the above are checked:

Are you disabled or handicapped to the extent you will be unable to stand on your feet for eight hours a day for work related tasks? _____

List below any medications you are currently taking (Use back if necessary):

Medication/MG	Dose	Rx Date	Quantity	Physician	Reason Prescribed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any medication(s) you should be taking (Prescribed):



Substance Abuse/Rehab History

Primary drug of choice: _____ Secondary: _____

Did you have a drug problem before prison? _____

Have you attended a substance abuse program(s)? If so, list the most recent below

Name: _____ Date started: _____ Completed? _____

Reason for leaving:

Name: _____ Date started: _____

Completed? Yes / No _____

Reason for leaving the program:

Have you ever been homeless? If so, what was the reason(s)?

Unemployed ___ Addictions ___ Domestic Problems ___

Psychiatric ___ Legal Problems ___ Medical Problems ___

How long were you homeless? _____

Upon completion of this program, will you have a place to live? _____

Work History/Job Skills

Name any special job skills or trades you have:

Do you have a valid driver's license? If so, DL# _____

Have you had any accidents in last five years? ___ Were you found to be at fault? ___

Have you had a DUI in the last 10 years? Yes / No ___ If so, how many? _____

IMPORTANT:

You must include a current Time Sheet with this Application for it to be considered for acceptance.



Write below where you want your life to be in five years: