

THE MESA HOUSE
28 S. Olive
Mesa, Az 85204
Business 480-844-2968
Fax: 480-964-3198

PRE-RELEASE INTAKE APPLICATION

Note: do not send in the application until you are ready to start your release package.

**Please fill out completely
All information is confidence.**

NAME: _____ DOB: _____

SS# _____ DOC # _____

Release Date: _____ Parole End Date: _____

Current Facility and Address: _____

Name of CO III: _____ Phone Number: _____

Did you graduate High School? _____ GED? _____

College? _____ Vocational? _____

Do you have a trade? _____ If so what is it? _____

Do you have any disabilities that would prevent you from working? _____

If yes, please describe: _____

Do you plan to apply or be reinstated on any S.S.I. of S.S. D. I. Benefits? _____

Are you affiliated with any gangs? _____ Any Sex Crimes? _____

Have you ever been given a psychological diagnosis? If so Please describe:

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What medications are you taking? _____

Do you have any relatives/friends that are willing to help you get back on track? _____

Can we contact them in order to help coordinate your release and make

adequate arrangements for your needs? _____

Name: _____ Relationship: _____

Telephone # _____

Emergency Contact: Name _____

Relation _____

Address _____

Telephone # _____

An acceptance letter or denial will be sent back to you A.S.A.P. If you have applied to multiple programs, please be patient and consider the importance of your decision which program is right for you. You will receive a notification very soon. If your release date is very soon and you need an acceptance letter right away, please have your COIII fax this form, letter to the fax number listed above

I hereby agree that upon my release I will get my life in order. I will make every effort to put my past behind me and live a happy life. I will give up drugs and alcohol and make my life successful

Signature _____