

# REBOOT-850

RESTORING EMPOWERMENT BY OFFERING OPPORTUNITIES VIA TRAINING



*"A life reboot changes everything!"*

## APPLICATION PACKAGE

**NOTE: The contents of this application are confidential between the client (client's designated representative) and REBOOT-850, Inc. The only information that will be shared are release forms where the client has given permission for other agencies to provide confidential information to REBOOT-850, Inc.**

### PLEASE PRINT REQUESTED INFORMATION

Client's Full Legal Name \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Place of Incarceration \_\_\_\_\_

Or Current Address (If Already Released) \_\_\_\_\_

Phone Contact (If Already Released) \_\_\_\_\_

## SELF-DISCLOSURE INFORMATION

### CRIMINAL:

What is the tentative date of your release? \_\_\_\_\_

How long have you been incarcerated? \_\_\_\_\_

What were you convicted of? \_\_\_\_\_

List the specifics of your complete criminal background (beginning with most recent convictions, arrests, incarcerations):

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### SUPPORT SYSTEM:

Your marital status: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

If married (name, address, contact information):

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Do you have living parents? ☐ YES ☐ NO

If living, (name, address, contact information):

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Do you have living siblings? ☐ YES ☐ NO

If living, (name, relation, address, contact information):

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**Do you have children? \_\_\_ YES \_\_\_ NO**

**(name, age, relation, address, contact information):**

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**WHO IS YOUR NEXT OF KIN CONTACT:**

**Name** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**FOR ANY OF THE ABOVE INDIVIDUALS, BRIEFLY DESCRIBE THE DYNAMICS OF YOUR CURRENT RELATIONSHIP. (In good standing, not in good standing, complicated)**

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**PHYSICAL / MENTAL HEALTH:**

**How would rate your current physical health? \_\_\_Excellent \_\_\_ Satisfactory \_\_\_Poor**

**How would rate your current mental health? \_\_\_Excellent \_\_\_ Satisfactory \_\_\_Poor**

**Describe any physical health conditions that you are being treated for (within past year):**

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**List any prescribed medications that you are currently taking:**

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**During the past two years, have you been treated for any mental health issues? If so, please describe the treatment and medication below:**

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**Please describe any substance abuse issues you have had during the past five years:**

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**Please describe anything about you (your background) that would be helpful for the organization to know in order to better help you “Reboot” your life.**

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## REBOOT PROGRAM REQUEST

What documents do you already have in your possession:

Birth Certificate:     \_\_\_ Yes     \_\_\_ No

Social Security Card: \_\_\_ Yes     \_\_\_ No

Valid State ID         \_\_\_ Yes     \_\_\_ No

Passport:             \_\_\_ Yes     \_\_\_ No

*For those documents that you have, please request that classification will forward a copy of these documents on your behalf electronically to: [contact@reboot-850.org](mailto:contact@reboot-850.org)*

What is your educational background?

GED                    \_\_\_ Yes     \_\_\_ No

High School Diploma \_\_\_ Yes     \_\_\_ No

College Diploma     \_\_\_ Yes     \_\_\_ No

Other                  \_\_\_ Yes     \_\_\_ No

What type work skills /history do you have?

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WHY do you want to be a client in the Reboot-850, Inc. program? What are your expectations of the program?

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YOUR SIGNATURE BELOW CONSTITUTES YOUR DESIRE TO APPLY TO BE A CLIENT IN THE REBOOT-850, INC. PROGRAM, PERMISSION FOR YOUR PERSONAL RECORDS TO BE SHARED BY PREVIOUSLY STATED ENTITIES, AND PERMISSION TO COMMUNICATE WITH ANYONE LISTED IN YOUR CONTACT LIST. PLEASE ENSURE THAT YOUR APPLICATION IS TRUTHFUL AND COMPLETE. FAILURE TO BE HONEST AND FORTHCOMING IN YOUR DISCLOSURES MAY CAUSE NON-ACCEPTANCE TO THE PROGRAM OR FUTURE DISMISSAL FROM THE PROGRAM.

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PRINTED NAME	SIGNATURE	DATE
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# REBOOT-850, Inc.

## OFFICIAL CLIENT RELEASE FORM



I \_\_\_\_\_ authorize REBOOT-850, Inc. to receive access to any and all records (criminal background, physical health, mental health, substance abuse history) in order to better serve me in my rehabilitation process.

These records may be shared with REBOOT-850, Inc. electronically or by paper.

Also, I give permission for any legal entity or medical provider to orally or electronically discuss my personal background/history with representatives of REBOOT-850, Inc. so that I can be best served.

This release grants the Florida Department of Corrections, any court system or police/sheriff department in the State of Florida, any medical (physical and mental health) provider full permission to release any/all records with full immunity for the transmission of said records to REBOOT-850, Inc.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**www.REBOOT-850.org**

**P.O. Box 6273 – Pensacola, FL 32503 – (850) 912-9515**

**Email: [contact@reboot-850.org](mailto:contact@reboot-850.org)**