



MISSION GATE Ministry
A Nine-Month Residential Aftercare Program for Women and Children

"If you hold to my teaching, you are really my disciples.
Then you will know the truth and the truth will set you free"

Rick Mathes, MA, MDIV
EXECUTIVE DIRECTOR
Trish Mathes, MA, MRSS, C.Ph.D
EXECUTIVE AFTERCARE DIRECTOR
Laura Kresyman
HANNAH'S RANCH/ANGELS LANDING
PROGRAM DIRECTOR
Denise Knox
PROMISES OF HOPE PROGRAM DIRECTOR

APPLICATION FOR WOMEN or WOMEN WITH CHILDREN

Nine-month program for Women and Children

Please Choose One: _____ Promises of Hope Ranch Troy, MO
_____ Hannah's Ranch and Angels Landing Cuba, MO

1. Complete the application completely to avoid a delay in the admission process. Be sure to include:
 - Previous arrests and convictions, including misdemeanors
 - All conduct violations while incarcerated or in treatment
 - A verified staff signature confirming that your criminal history is complete and accurate
 - A signed Authorization for Missouri Department of Corrections and Division of Probation and Parole to release information to Mission Gate (Even if you are not currently on Probation or Parole)
2. After completing the application, check it over, Did you:
 - Answer every question and fulfill all requests
 - Sign or initial on all designated pages
 - Include all pages and sections
3. Mail, Fax, or Email your completed application to Mission Gate at the address on the form.
4. What to expect next:
 - Mission Gate staff review applications within 3 weeks. You can check with us if you haven't heard by then.
 - If your application is being considered, you'll receive a letter requesting a phone interview with Mission Gate staff. If we are unable to offer aftercare assistance, a letter of denial will be sent to you. Upon request, Mission Gate can provide you with other placement opportunities.
 - You'll receive a final decision from Mission Gate within 2-3 weeks after your interview.

GENERAL INFORMATION

Today's Date _____

Last Name _____ First Name _____ Middle _____

Institution _____ ID# _____

Address _____ City _____ State _____ Zip _____

Housing Unit/Floor (if applicable, such as St. Louis County jail) _____

Are you applying from a drug or alcohol rehabilitation program? Yes _____ No _____

If Yes, what is the name of the program (if it is a DOC program, specify the institution) _____

What is the length of the rehabilitation program? _____

(Last) Home Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Social Security # _____

Sex _____ Height _____ Weight _____ Disability _____

P.O. Box 6644, Chesterfield, MO 63006 • missiongateministry@msn.com • missiongateministry.org

Office: 636-391-8832 • Fax: 636-391-6611

Updated 7/2019

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Expected Release Date _____ Explain _____

How long have you been incarcerated during your current term in prison/jail/treatment? _____

How many times and how long have you been incarcerated during your lifetime? _____

How many times have you been treated in a residential substance abuse program during your lifetime? _____

How did you learn about Mission Gate? _____

Have you applied to other aftercare programs, other than Mission Gate? Yes _____ No _____

If yes, which one? _____

Have you been denied other home plans upon your current release? Yes _____ No _____

If Yes, Explain _____

Have you previously applied to Mission Gate? Yes _____ No _____ If yes, When? _____

Were you previously accepted? Yes _____ No _____ If yes, did you attend the program? Yes _____ No _____

If No, Explain? _____

If you have attended Mission Gate previously, did you graduate? Yes _____ No _____ If No, what was your reason for leaving?

If accepted, what would you like to accomplish during your nine months at Mission Gate?

How have you changed while incarcerated? (Be Specific)

Please Choose One: Married _____ Engaged _____ Divorced _____ Single _____ Do you have children? Yes _____ No _____

If Yes, list names, ages, and gender of children: _____

If accepted into our program, will your children be with? Yes _____ No _____

If Yes, which children will be with you? _____

If your children will not be with you, do you plan on them visiting? Yes _____ No _____

If Yes, will you need to pay child support? Yes _____ No _____ Back Support? Yes _____ No _____ Current Support? Yes _____ No _____

How much do you expect to pay for child support monthly? _____

Who will be bringing them? _____

If your children will not be with you, do you plan on them coming at a later date? Yes _____ No _____

If yes, approximately what date? _____

Do you need legal assistance to regain custody? (Please explain) _____

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Please check all that apply to your children:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Fire starting | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Sexually Active | <input type="checkbox"/> Sexually Inappropriate |
| <input type="checkbox"/> Crimes/delinquency | <input type="checkbox"/> Depression | <input type="checkbox"/> Physically Aggressive | <input type="checkbox"/> Destruction of Property | |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Elopement | <input type="checkbox"/> Verbally Aggressive | <input type="checkbox"/> Taking Medication |

List any diagnosis: _____

List all medications, time and dosage: _____

List any and all involvement with Children's Division and/or the Juvenile Office, including dates and what county:

List Two Nearest Relatives:

Last Name _____ First Name _____ Middle _____
 Relationship _____ Address _____
 Phone _____ Email Address _____

Last Name _____ First Name _____ Middle _____
 Relationship _____ Address _____
 Phone _____ Email Address _____

List One Personal Reference:

Last Name _____ First Name _____ Middle _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email Address _____

A Personal References Form should be filled out and sent in under separate cover by the reference of your choice.

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Please check the description below that best summarizes your relationship with Jesus Christ:

- This is the first time I have thought about it.
- I have thought about it, but I am not sure that I am ready to make a decision.
- I have not made a commitment to Jesus, but I am ready to do so now.
- I think I have made a commitment to Jesus, but I am not sure.
- I know I made a personal commitment to Jesus on this date _____ briefly explain this commitment

What churches have you attended in the past? _____ Pastor _____

What services or religious programs have you attended during your incarceration? _____

LEGAL INFORMATION

For what crime(s) are you currently serving time? _____

What was the original charge(s) for your current offense(s) (i.e., prior to any plea)? _____

Explain, in your own words, what happened to cause you to be charged with your current offense(s) _____

List all previous arrests and convictions, (**including misdemeanor offenses**) starting with the most recent. Please list the charge you were originally arrested on, the final charge upon conviction (or plea), and the year and location of the offense (be specific). *The first one is an example:*

Year	Location	Charge at Arrest	Charge Convicted of (pled to)
2012	Springfield, MO	2 nd Degree Assault	Resisting Arrest

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Have any of your previous arrests or convictions involved violence? Yes _____ No _____

If Yes, please explain _____

List any conduct violations and the nature of those violations you have received during your current term of incarceration _____

Please have a staff worker sign that your criminal history has been verified to the best of their knowledge:

Printed Name _____ Institution _____ Position _____

Signature _____ Phone Number _____

Do you have any upcoming court dates? Yes _____ No _____ If Yes, when and where? _____

Do you have any outstanding warrants? Yes _____ No _____ If Yes, where and of what nature? _____

Do you owe any restitution? Yes _____ No _____, If Yes, how much? _____

Do you owe any court fees / fines / jail boarding fees? Yes _____ No _____, If Yes, how much? _____

Understanding that Mission Gate requires you to pay weekly program fees and transportation costs, will you be able to afford Mission Gate and meet all of your other financial obligations as well? Yes _____ No _____

Will you be released on: Parole _____ Probation _____ No Supervision _____ Private Probation _____

Institutional Parole Officer:

Name _____ Phone # _____

Institutional Case Worker:

Name _____ Phone # _____

Counselor:

Name _____ Phone # _____

Chaplain:

Name _____ Phone # _____

Most Recent Parole Officer:

Name _____ Phone # _____

Next scheduled parole hearing date _____ outstanding warrants/charges _____

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EDUCATIONAL INFORMATION

Last grade completed _____ Do you have your GED? Yes _____ No _____
If NO, do you plan to work on GED while at the Mission Gate? Yes _____ No _____ (Mission Gate requires you to do so)
Have you ever been diagnosed with a learning disability? Yes _____ No _____
If yes, please explain _____
Circle years of college completed: 1 2 3 4 Area of study _____
Name of College/Trade School _____ City _____ State _____
Name of College/Trade School _____ City _____ State _____
Degrees or certificates earned _____

WORK INFORMATION

Have you previously maintained steady employment for longer than a six- month period? Yes _____ No _____
Please describe your most recent work history _____

List any special skills or trades _____

Have you ever served in the military? Yes _____ No _____ If Yes, explain your discharge status: _____
Have you ever filed a worker's compensation claim? Yes _____ No _____ If yes, please explain: _____

Do you have any injuries that would hinder you from working? Yes _____ No _____ If Yes, please explain: _____

HEALTH RECORD

(Physical)
Do you have any present health problems? Yes _____ No _____
If yes, please list _____
Do you have any past health problems? Yes _____ No _____
If yes, please list _____
Have you been treated for these health problems, present or past? Yes _____ No _____
List any medications you are currently taking for physical health problems _____
List any medications you have taken in the past for physical health problems _____

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HIV positive: Yes _____ No _____ TB positive: Yes _____ No _____ Hepatitis C: Yes _____ No _____

If you have Hepatitis C, have you been treated for it? Yes _____ No _____

Our facilities are not equipped to handle the medical needs of someone who has tested positive for HIV or TB.

Please read and initial the following:

Hep C may pose a serious health risk to individuals if the proper steps are not taken to prevent the spread of the disease. While having Hep C will not prevent you from being accepted into the program, you will be asked to disclose the fact that you are positive. Failure to disclose this information will result in you being asked to leave our aftercare program. Mission Gate wants to take all necessary precautions to protect yours and other's health.

List any physical disabilities _____

Are you receiving SSI? Yes _____ No _____ Amount _____

If Yes, for what? _____

Do you plan on applying for SSI? Yes _____ No _____ If Yes, for what? _____

Can you work full time? Yes _____ No _____ Can you work part time? Yes _____ No _____

(Mental and/or Emotional)

Have you ever been diagnosed with a mental illness? Yes _____ No _____

If yes please explain: _____

If yes, list medications you have taken in the past for this diagnosis: _____

If yes, what medications are you currently taking for this diagnosis _____

Do you feel as though the medications are helping you? Yes _____ No _____

Are you currently taking any medications to assist you in sleeping? Yes _____ No _____

Will you continue to take sleep aids upon being released from incarceration? Yes _____ No _____

Will you have medicine upon release? Yes _____ No _____, If YES, of what kind? _____ Will

you need any medications upon release? Yes _____ No _____, If YES, of which type? _____

Will you be required to attend a mental health program upon your release? Yes _____ No _____

Have you ever had an addiction or abused drugs or alcohol? Yes _____ No _____

If yes, explain your addiction or abuse (if it is drugs or alcohol, explain which drugs you commonly used): _____

CONFIDENTIAL COUNSELING/ LIFE SKILLS NEEDS

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Please check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 12 Step Recovery | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Victims' Impact |
| <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Pre-Marital Counseling | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Job Readiness |
| <input type="checkbox"/> Drug Rehabilitation | <input type="checkbox"/> Financial Stewardship | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Sexual Lust | <input type="checkbox"/> Victim of Abuse | <input type="checkbox"/> Better Relationships |
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Drug Court (City) | <input type="checkbox"/> Gateway Free & Clean (City) | <input type="checkbox"/> SATOP |

Residential Housing and Aftercare AGREEMENT

I _____, understand that this application will be reviewed by the Mission Gate Staff.
 I give Mission Gate my permission to contact any references or other persons or agencies they may choose for the purpose of making a decision on admitting me into their nine-month residential aftercare program.
 I affirm that the foregoing information is true and accurate to the best of my knowledge and belief.
 Furthermore, if any information is deemed incorrect or untrue, or any rules broken, I understand that termination from the program could result.
 I further understand that I am responsible for the replacement cost for any damages that I inflict upon Mission Gate property.
 I further understand that all household items and furniture belong to Mission Gate and any missing properties will be reported as a theft to the local police.
 I thereby give Mission Gate my permission to release any and all information about me to whomever they deem necessary for the purpose of my progress in their program or for the wellbeing of others in this reintegration process as they shall determine.
 I further understand that I have no rights as a tenant or renter in the Mission Gate aftercare program where I will reside and I understand that if requested to vacate, I will do so immediately.
 I understand that the police authority will be called to assist if I do not leave immediately and voluntarily.
 I further understand that any moneys that I may remit to Mission Gate are a portion of program and housing fee and do not constitute rent.
 I have read the Residential Housing and Aftercare Agreement and agree to comply with all of the rules and regulations of Mission Gate.

Signed Name _____ Date _____

Printed Name _____

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PERSONAL CHRISTIAN TESTIMONY – Tell your story of how God has worked a miracle in your life, or how he has blessed you, transformed you, lifted and encouraged you, perhaps even broken and healed you. Include how you develop your faith; such as, bible studies, chapel service, or personal changes in your life that have interrupted your past negative thinking and behavior patterns.

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APPLICANT'S QUESTIONS

Please list any questions you may have, and we will do our best to answer them.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Signed Name _____ Date _____

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MEMORANDUM OF UNDERSTANDING

This is my personal statement that I, _____ understand that the Mission Gate residential aftercare program is a nine-month program. If accepted and if this home plan is approved by the Missouri Department of Probation and Parole, I commit to complete the program in its entirety. I fully understand that if I do not complete the entire nine-month program that I may receive a violation(s) from the Missouri Department of Probation and Parole and face further consequences.

I understand that Mission Gate is a Christian-based organization that teaches Biblical principles. By signing this commitment form, I am agreeing that abiding by these principles is the main motivation for my reason to change my life. **I have read the rules and guidelines of the program** and desire to have structure in my life during my reintegration process. I understand that I can be terminated from the program for breaking any rules, which will be reported to the Missouri Department of Probation and Parole, including, but not limited to cursing, lack of respect for authority and negativity. I also understand that there is zero tolerance for drug and alcohol use, including any synthetic drugs. If I violate this commitment by *using*, I will not be able to return to Mission Gate, even if I attend an inpatient treatment program.

In addition, I realize the importance of remaining relationship-free for nine months so that I can continue positive changes within myself. Working on changes within me will be my main focus. I also understand the financial commitments of this faith-based residential program. In addition to the housing/program fees, I understand that I will pay for my own transportation costs going to and from work and appointments once I receive employment.

I am under no obligation to participate in this program; however, once I have committed to this program, I will be expected to complete it. I understand that the program will require me to attend weekly classes and counseling, become an active member in a local Christian church, obtain full-time employment and live my life as a responsible Christian.

In consideration for the opportunity to obtain this Bible-based guidance/training, I promise that I will not take any legal actions in the future for anything said, done, or omitted by Mission Gate staff, their agents, or family members during this program. I agree to hold Mission Gate, their agents, and family members harmless for any legal claims of negligence or damage of any sort, which a person could assert, related to the Mission Gate programs.

I understand that I am expected to be an asset to Mission Gate, the community and the local church and I will try my hardest to do so.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature _____

Printed Name _____

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AUTHORIZATION FOR THE MISSOURI DEPARTMENT OF CORRECTIONS AND DIVISION OF PROBATION AND PAROLE TO RELEASE INFORMATION TO MISSION GATE CHRISTIAN CENTER

I, _____, DOC Number _____
hereby authorize the Missouri Department of Corrections and the Division of Probation and Parole to release any and all information relating to my application to participate in the Mission Gate program. I hereby understand that if I am not currently on Probation or Parole, I am still required to sign this page in order to be considered for the aftercare program. I certify that all of the information provided in the Mission Gate application is complete and accurate to the best of my ability and authorize Mission Gate to discuss and verify the content of my application with staff of the Missouri Department of Corrections and staff of the Division of Probation and Parole. I further release and hold harmless both Mission Gate and the Missouri Department of Corrections and Division of Probation and Parole from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by the Missouri Department of Correction and Division of Probation and Parole will be held in strictest confidence, that it will be viewed only by those involved in the Mission Gate selection process, and that neither I nor anyone else not so involved will have the right to see the information.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____

Title: _____ Date: _____

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