**APPLICATION FOR MEN**

**Please Choose One:** St. Louis Guest Homes Fort Good Shepherd Ranch in Cuba, MO.

#### If space is not available at your desired location, would you be willing to reside at the other location? Yes No \_\_\_\_

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)

1. **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

1. **Mail, Fax, or Email your completed application to Mission Gate at the address on the form.**
2. **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) And, what is the length of the rehabilitation program? (last) Home Address City State Zip Date of Birth Age Social Security # Sex Height Weight Disability 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 ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted or denied from these other programs? Explain

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)

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Please choose one: Married\_\_\_\_\_ Divorced\_\_\_\_\_ Widowed\_\_\_\_\_ Single\_\_\_\_\_ Do you have children? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list name and age of children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Two Nearest Relatives:**

Last Name First Name Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

Address City State Zip Phone Email Address Last Name First Name Middle \_\_\_\_\_ Relationship

Address City State Zip Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List One Personal Reference:**

Last Name First Name Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City \_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SPIRITUAL INFORMATION**

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 have you attended while incarcerated? What religious programs have you attended while incarcerated?

# 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* | *2nd 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? If yes, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any outstanding warrants? 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/Probation Officer:

Name Phone #

Next scheduled parole hearing date Outstanding warrants/charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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

If yes, 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:

**CONFIDENTIAL COUNSELING/LIFE SKILL NEEDS**

Please check all that apply:

12 Step Recovery

Relapse Prevention

Personal Counseling

Pre-Marital Counseling

Anger Management

Domestic Violence

Victims’ Impact

Job Readiness

Drug Rehabilitation Financial Stewardship Family Counseling

Computer Skills

Parenting Classes Sexual Lust

Victim of Abuse

Better Relationships

Bible Studies \_\_\_ Drug Court (City) \_\_\_Gateway Free and Clean (City) \_\_\_ SATOP

# 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 have you taken in the past for physical health problems

HIV positive: Yes No

TB positive: Yes No

Hepatitis: Yes No

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

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):

**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 rules and regulations of Mission Gate.

Signed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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.

# APPLICANT’S QUESTIONS

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

1.

2.

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10.

Signed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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 other 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

Title Date

# 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 Corrections 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