

Mail Completed Form To: DBL, P.O. Box 7, San Gabriel, CA 91778

The Agape Healing Power 'Program-Resource Matching' pilot connects justice involved and parolees with Reentry Organization Programs and Resources needed to prepare for parole and then successful reentry into the community. Please complete this application and survey questions to register yourself for our 2024 – 2025 pilot program. [ALL INFORMATION IS CONFIDENTIAL]

**AGAPE
HEALING
POWER**

Dream - Learn - Achieve

PERSONAL INFO: CDC# _____ **TODAY'S DATE:** ____/____/____

FIRST NAME: _____ **LAST NAME:** _____

DOB: ____/____/____ **Ethnicity:** _____ **Language:** _____

of Prison Terms: _____ **Date Incarcerated:** ____/____/____ **EPRD:** ____/____/____

CA/COUNTY OF PAROLE: _____ **Registration Needed?:** Y _____ N _____

Current Prison Name/Address: _____

Home Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone #: (____) _____**

EMPLOYMENT READINESS:

JOB OFFER LETTER: Y / N **Company:** _____ **Industry:** _____

SKILLS: _____ **HOW LONG?** _____

1) _____

2) _____

3) _____

EDUCATIONAL EXPERIENCE (Classes, Certifications, Degrees, Diplomas): **DATE: (FROM/TO)**

1) _____

2) _____

3) _____

WORK EXPERIENCE:

	<u>Company/Location:</u>	<u>Job Title:</u>	<u>Duties:</u>	DATE: (FROM/TO)
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Describe Your Dream Job and/or Career:

What Obstacles to Achieve Career?

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DEFINE YOUR THREE (3) YEAR GOALS:

Year #:	Goal:	Actions:	What Goal Obstacles?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MY BRIDGE PLAN: My Self - Improvement Prep for Parole/Reentry Success**Resource Needs**

Skills: _____

Certification: _____

Education: _____

Program/RAC/VOC: _____

Other: _____

MY PAROLE PLAN: EPRD: ____/____/____**CA/COUNTY: _____****Acceptance Letters Received: Y / N****Start Date: ____/____/____**

Program: _____

Housing: _____

Employment: _____

PROGRAM NEEDS:	RESOURCES: YES?
1) Specific Program?	<input type="checkbox"/> Birth Certificate
2) Housing?	<input type="checkbox"/> CA Real ID
3) Transportation?	<input type="checkbox"/> CA Drivers License
4) Employment?	<input type="checkbox"/> Soc Sec #/Card
5) Skill?	<input type="checkbox"/> SSI Benefits
VOC?	<input type="checkbox"/> Cal Fresh/GR
Edu?	<input type="checkbox"/> Medicare/Medical
6) Therapy – Counseling?	<input type="checkbox"/> Clothes/Shoes
7) Addiction Recovery – Support?	<input type="checkbox"/> Hygiene Supplies
8) Legal Aid?	<input type="checkbox"/> Phone/Tablet
9) Community/Family Integration?	<input type="checkbox"/> Bus Pass
10) Medical/Dental/Eye Care?	<input type="checkbox"/> Work Tools
11) Other?	<input type="checkbox"/> EDU Supplies
12) Other?	<input type="checkbox"/> Skill Supplies
13) Other?	<input type="checkbox"/> Other Supplies
14) Other?	<input type="checkbox"/> Critical?

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'JI' Pilot Survey Q&A

[Initials: _____ JI Name: _____ FC: _____]

Questions: (please write brief - specific answers)

1. Describe your rehabilitation progress in terms of what success and what failures you have experienced in this incarceration and/or parole?

2. Describe the last time you complained about program services or resources - support you did or didn't receive?

3. What were your specific complaints and the outcomes?

4. What are the three (3) most difficult challenges you have experienced in this incarceration or parole?

5. Describe your biggest challenges and/or fears you face when you Parole into the community?

6. Describe the specific program services, resources, and support your need to Parole safely and stay out of prison?

7. Describe your dream life / career?

8. What help do you need to realize your dream?

9. What is blocking you from achieving your dream?
