



The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36301



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Ark Dothan Inc. Discipleship Prison Transition Application

THIS FORM IS FOR CURRENTLY INCARCERATED APPLICANTS. A CHAPLAIN OR COUNSELOR IS REQUIRED TO COMPLETE THE ARK RECOMMENDATION FORM FOR YOUR CONSIDERATION INTO THIS PROGRAM. PLEASE PROVIDE THE CHAPLAIN/COUNSELOR CONTACT INFO BELOW:

**If you do not have a chaplain or counselor at your facility, you must instead include a copy of your conduct sheet.*

IMPORTANT NOTICE: If you are accepted into the Ark program, you must report directly to the Ark upon release. Failure to report directly to the Ark or failure of initial drug test at the Ark may result in immediate dismissal from the program.

Chaplain/Counselor Name *Phone* *Email*

First Name Middle Name Last Name Nick Name

Address City State Zip County

Phone Number: _____ Birth Date: mm/dd/yy _____

SS# _____ - _____ - _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Address City State Zip County

Do you have a valid driver's license? Yes No Number _____ State _____

Race: African American Caucasian Hispanic/Latino Native American
 Asian/Pacific East Indian Other

Marital Status: Single Married Divorced Engaged Separated Widowed

How did you hear about the Ark? _____

Have you ever been a resident at the Ark? Yes No If yes, when? _____

Have you been in a prior rehab? Yes No

If yes, when & where? _____

Education and Employment History

Do you have your high school diploma? Yes No

If no, do you have your GED? Yes No

If you have any other higher education or certifications, please list here: _____

What is your occupation? _____

List any work experience: _____

Do you have income of any kind? Yes No

If yes, list any and all sources of income and amounts: _____

Are you receiving any government assistance of any kind? Yes No

(Check all that apply): Food Stamps Housing Medicaid SSI Disability Other

Military Service

Yes No Branch: _____ Highest Rank: _____

Honorably Discharged? Yes No

Spiritual History

Do you have any spiritual beliefs? Yes No

What is your religious preference? Examples: AOG, Atheist, Baptist, Buddhist, Catholic, Christian, Church of Christ, Episcopal, Evangelical, Hindu, Jewish, Jehovah's Witness, Methodist, Mormon, Muslim, Non-Denominational, No Religion, Pentecostal, Presbyterian, Protestant, Roman Catholic, Seventh Day Adventist, Wicca, Other, Unknown.

(Please list ONLY one): _____

Are you a member of a church? Yes No If yes, name of church: _____

Legal History

Have you ever been arrested or in jail? Yes No

Are you currently incarcerated? Yes No If yes, where? _____

If yes, for what? _____

How much time have you served and what is the remainder of your sentence? _____

List your convictions and dates:

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Have you ever been convicted of a sexual offense? Yes No

If yes, describe the charge you were convicted of and where.

Have you ever been or are you currently affiliated with a gang or brotherhood/sisterhood? Yes No

If yes, which gang/brotherhood/sisterhood and when? _____

Substance Abuse History

Have you ever or are you now struggling with an addiction/substance problem? Yes No

If yes, what and when? _____

Have you ever: Overdosed Blacked Out Tried to Quit

Explain: _____

Are you currently or have you ever sought help through a substance abuse help group, such as AA or NA? Yes No

If yes, explain: _____

Have you ever been institutionalized for substance abuse? Yes No

If yes, where and when? _____

Psychological History

Have you ever been diagnosed or treated for Depression or Anxiety? Yes No

Who gave the diagnosis? Agency: _____ Doctor: _____

Have you ever been diagnosed with any other mental health problem? Yes No

If yes, what was the diagnosis? _____

Who gave the diagnosis? Agency: _____ Doctor: _____

Have you ever been prescribed medication to address a mental health problem? Yes No

If yes, what is the medication? _____

Who prescribed the medication? Agency: _____ Doctor: _____

Are you currently taking the prescribed medication? Yes No

Have you ever been hospitalized for a mental health problem? Yes No

If yes, when and where? _____

Do you have a family history of suicide? Yes No

Have you ever attempted suicide? Yes No If yes, how many times? _____

Have you ever had thoughts of attempting suicide? Yes No

Have you ever planned a suicide? Yes No

Date of last attempt/thought: _____

Explain: _____

Have you ever attempted or committed homicide? Yes No

Have you ever had thoughts of attempting homicide? Yes No

Have you ever planned a homicide? Yes No

Date of last attempt/thought: _____

Explain: _____

Medical History

Do you have any chronic medical problems? Yes No

If yes, what? _____

Are you currently being treated for the condition(s)? Yes No

Are you currently taking any medications? Yes No

Please list all medications you currently take for medical and/or psychiatric problems: _____

Physical Condition: Poor Fair Good

List any physical impairments: _____

Where did you sleep last night? _____

When did you last use drugs/alcohol? _____

Reason for Needing Help: Briefly state the reason(s) you are asking the Ark Dothan Inc. to help you. List any/all addictions and/or problems you may have and how long you have had them.

****FEMALE APPLICANTS ONLY****

Are you currently pregnant or is it possible that you could be pregnant? Yes No

What was the date of your last menstrual cycle? _____

Do you understand that we cannot accept applicants who are pregnant? Yes No

Do you understand that becoming pregnant while in the Ark program will result in immediate dismissal? Yes No

Do you understand that this is a 12-month program? Yes No

Do you understand and agree to the Ark Program Description? Yes No

Do you understand and agree to the Ark Covenant Agreement? Yes No

Do you understand and agree to the Ark Dorm Rules? Yes No

Do you understand that you will NOT be able to pursue employment or earn money until you have completed the Discipleship Class and earned your GED? (this typically takes 4 to 6 months) Yes No

Do you understand that failure to report directly to the Ark upon release and/or failure of initial drug test may result in immediate dismissal from the program? Yes No

Do you want to pursue admission to this program? Yes No

IMPORTANT: Please DO NOT discard your Prison ID or release papers. You MUST have your Prison ID and release papers if you are admitted to the Ark program.

I certify that the answers in this application are true and complete to the best of my knowledge. I certify that I am of sound mind, and I am of legal age to enter this agreement. I understand that providing false information in this application may result in immediate dismissal from the Ark program. I give permission to the Ark staff to obtain all information contained in my client/patient records via in-person communication, telephone, fax, or mail from any agency or entity listed in this document as a provider of medical and/or mental health services.

Signature of Applicant

Date

PRIVILEGED AND CONFIDENTIAL

This document contains information that could be privileged and confidential, and for the sole use of the individual or agency to which it is addressed. If the reader of this document is not the intended recipient, you are hereby notified that any dissemination or copying of this document is prohibited. If you have received this document in error, please notify us by telephone immediately.