



This is an application to the ARC of Bessemer in Bessemer, Alabama or ARC. Please answer the following questions so that we can best help you either at our facility or other ways.

Have you ever been convicted of a sexual offense or do you have any sexual charges pending?

Yes  No

If Yes, unfortunately, we cannot take sex offenders at this time. If No, then please continue:

Are you applying for yourself or your loved one or someone you know?

Myself  Loved One  Someone I know

**APPLICANT'S INFORMATION**

|             |                 |            |
|-------------|-----------------|------------|
| First Name: | Middle Initial: | Last Name: |
|-------------|-----------------|------------|

Currently incarcerated?  Yes  No

If so, what facility or last known address?

|                           |                         |                         |
|---------------------------|-------------------------|-------------------------|
| Facility (if applicable): |                         |                         |
| Address:                  |                         |                         |
| City:                     | State:                  | Zip:                    |
| AIS/Jail Number:          | Social Security Number: | Birthdate: (MM/DD/YYYY) |

|   |  |
|---|--|
| Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Widowed | Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Religion: <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Islam<br><input type="checkbox"/> Other   | Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other |
| Have you ever served in the military?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, did you receive an Honorable Discharge?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |

**EMERGENCY CONTACT INFORMATION**

| Name | Address | Best Contact Number |
|------|---------|---------------------|
|      |         |                     |
|      |         |                     |



**CURRENT CRIMINAL OFFENSE(S) - List all the offenses you are serving now:**

| CASE NO | SENTENCED | OFFENSE | TERM | TYPE | COUNTY |
|---------|-----------|---------|------|------|--------|
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |

|  |  |
|--|--|
| Are the offense(s) above considered violent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Is or are there a victim(s)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**PRIOR CRIMINAL HISTORY**

Do you have a previous criminal history before this incarceration?  Yes  No

If yes, list offense(s) below:

| CASE NO | SENTENCED | OFFENSE | TERM | TYPE | COUNTY |
|---------|-----------|---------|------|------|--------|
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |
|         |           |         |      |      |        |

| PRIOR PROBATION INFORMATION   | PRIOR PAROLE INFORMATION  |
|---|---|
| Have you ever been on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, how many times on probation? _____  | If yes, how many times on parole? _____   |
| If yes, were you ever revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, were you ever revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have any current Cases or warrants pending?  Yes  No  Possibly

If yes, list the following: Alleged offense, type (traffic-T, misdemeanor-M, felony-F), Jurisdiction (federal-F, state-S, or municipal-M)

| Alleged Offense | Type | Jurisdiction |
|-----------------|------|--------------|
|                 |      |              |
|                 |      |              |
|                 |      |              |

**EDUCATION AND SKILLS**

What is the highest level of education achieved?  10<sup>th</sup> grade  11<sup>th</sup> grade  12<sup>th</sup> grade  GED  
 some college  graduated college  trade school  none of the above



If you do not have a high school diploma or GED, would you be interested in getting a GED?  Yes  No

If you completed high school or have a GED, would you be interested in going to college or getting a trade?  
 Yes  No

What skills do you have? Check all that apply:

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Automotive      | <input type="checkbox"/> Barbering        | <input type="checkbox"/> Cabinet Making |
| <input type="checkbox"/> Carpentry      | <input type="checkbox"/> Commercial Food | <input type="checkbox"/> Diesel Mechanics | <input type="checkbox"/> Electrician    |
| <input type="checkbox"/> HVAC           | <input type="checkbox"/> Logistics       | <input type="checkbox"/> Masonry          | <input type="checkbox"/> Plumbing       |
| <input type="checkbox"/> Upholstry      | <input type="checkbox"/> Welding         | <input type="checkbox"/> Farming          | <input type="checkbox"/> Management     |
| <input type="checkbox"/> General Labor  | <input type="checkbox"/> Other           |   |   |

**EMPLOYMENT HISTORY**

Have you every had a job?  Yes  No

If no, did you have any type of assistance? Check all that applies:

SSI Disability  food stamps  Medicare  Medicaid  Social Security  Other

**FAMILY SUPPORT AND REFERENCES – Name 2 Close Family Members or Friends**

Reference #1

|                      |   |               |
|----------------------|---|---------------|
| First Name:          | Last Name:  | Relationship: |
| Address:             |   |               |
| City:                | State:  | Zip:          |
| Best Contact Number: | Is your friend/family member willing to co-sign or guarantee your Program Fees?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               |

Reference #2

|                      |   |               |
|----------------------|---|---------------|
| First Name:          | Last Name:  | Relationship: |
| Address:             |   |               |
| City:                | State:  | Zip:          |
| Best Contact Number: | Is your friend/family member willing to co-sign or guarantee your Program Fees?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               |



**SUBSTANCE ABUSE/REHAB HISTORY**

Have you ever taken illegal drugs?  Yes  No

If yes, which drug or drugs have you taken? Check all that apply:

|                                       |                                    |  |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Alcohol   | <input type="checkbox"/> Barbituates           |
| <input type="checkbox"/> Bath Salt    | <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Crack                 |
| <input type="checkbox"/> Dilaudid     | <input type="checkbox"/> DXM       | <input type="checkbox"/> Ecstasy               |
| <input type="checkbox"/> GHB          | <input type="checkbox"/> Heroin    | <input type="checkbox"/> Hydrocodone           |
| <input type="checkbox"/> Inhalants    | <input type="checkbox"/> Klonopin  | <input type="checkbox"/> LSD                   |
| <input type="checkbox"/> Lubrium      | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Marijuana (Synthetic) |
| <input type="checkbox"/> Meth         | <input type="checkbox"/> Methadone | <input type="checkbox"/> Morphine              |
| <input type="checkbox"/> Opiates      | <input type="checkbox"/> Roxicet   | <input type="checkbox"/> Suboxone              |
| <input type="checkbox"/> Valium       | <input type="checkbox"/> Xanax     | <input type="checkbox"/> Other                 |

Have you previously attended any substance abuse programs?  Yes  No

If you had a drug or drug related offense, do you need treatment?  Yes  No

**HEALTH - Do you have any known health issues? Check all that apply:**

|  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Open Sores              | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> HIV/AIDS        |
| <input type="checkbox"/> Hepatitis C             | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Back Problems   |
| <input type="checkbox"/> Hip/Knee Replacement    | <input type="checkbox"/> Other        |  |

Have you ever been under psychiatric care?  Yes  No

If Yes, check all that apply:

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Depression                      | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Borderline Personality Disorder |
| <input type="checkbox"/> Antisocial Personality Disorder | <input type="checkbox"/> Dementia         | <input type="checkbox"/> Paranoia                        |
| <input type="checkbox"/> Any type of Brain Injury        | <input type="checkbox"/> Schizophrenia    | <input type="checkbox"/> Psychotic Disorder              |
| <input type="checkbox"/> Other                           |   |  |

Are you currently taking any medications, prescription or over the counter?  Yes  No

Please attach, in your own words, why you committed offenses, what did you do in prison/jail to better yourself, and what are your plans when you come to the ARC plus your latest Time Sheet, if applicable. I agree that all the above information submitted is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_