

#2 (REVISED 8-1-2023)

SET FREE AFTER-CARE MINISTERIES, APPLICATION INMATE'S INFORMATIONAL SHEET COMPLETE AND RETURN ALL FORMS **TO Counselor or Chaplain to mail**

NOTE TO APPLICANT: THE MORE WE KNOW ABOUT YOU, THE BETTER WE CAN HELP YOU. ALSO, SOME INFORMATION, SUCH AS THE FACT THAT YOU ARE AN EX-OFFENDER, MUST BE SHARED WITH PROSPECTIVE EMPLOYERS. ****

: WE DO NOT ACCEPT ANY SEX RELATED CRIMES OR SMOKERS

I. PERSONAL INFORMATION

APPLICANT'S NAME: _____

DATE: _____

GDC# _____ EF# _____

INST. _____ CELL/BLOCK _____

Inmate's Mailing Address:

CITY: _____

STATE: GA ZIP CODE: _____

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DATE OF BIRTH: _____ AGE _____ Place of Birth: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Gender _____

ARE YOU A U.S. CITIZEN? YES ___ NO ___ REFERRED TO US

BY: _____ RACE: _____

ASIAN ___ BLACK ___ CAUCASIAN ___ HISPANIC ___ OTHER _____

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MARTIAL STATUS NOW:

SINGLE **MARRIED** SEPARATED DIVORCED -WIDOWER

Wife/girlfriend name DOB Phone# Address

DEPENDENT CHILDREN (NAMES & AGES):

1. _____ 2. _____

3. _____ 4. _____

NEXT OF KIN: NAME: _____ PHONE: (____) _____

ADDRESS:

CITY: _____ ST. _____ ZIP: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ STATE: _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES ___ NO ___ WHICH
STATE: _____

DO YOU HAVE A BIRTH CERTIFICATE: YES NO (IN YOUR FILE) YES No MUST HAVE IN YOUR POSSESSION WHEN YOUR ARE DISCHARGED OR WE WILL NOT ACCEPT YOU INTO SFAC ***

DO YOU HAVE YOUR SOCIAL SECURITY CARD YES-----NO----- MUST HAVE IN YOUR POSSESSION WHEN YOU ARE DISCHARGED OR WE CAN NOT ACCEPT YOU INTO SFAC ***

****THESE ARE NEEDED FOR YOU TO BE ABLE TO GET A JOB, PLAN AHEAD****

Ask your Counselor to help you with a resume.

II. MEDICAL INFORMATION

1. HAVE YOU EVER TESTED POSITIVE FOR ANY COMMUNICABLE DISEASES SUCH AS: TUBERCULOSIS, HIV+, (AIDS), VENERAL DISEASES, HEPITITUS A,B,C, ETC. ?

YES ____ NO ____ EXPLAIN

2. DO YOU HAVE ANY MEDICAL PROBLEMS OTHER THAN THOSE LISTED ABOVE? TYPE DIFFICULTY THEY CAUSE YOU

3. DO YOU HAVE ANY LIMITATIONS/HANDICAPS ? YES ____ NO ____ EXPLAIN

4. HAVE YOU EVER BEEN HOSPITALIZED FOR DRUGS OR ALCOHOL PROBLEMS ? YES ____ NO ____ IF YES, LIST BELOW.

5. HAVE YOU EVER BEEN TREATED AND/OR COMMITTED FOR PSYCHIATRIC REASONS (MENTAL HEALTH), OR DEPRESSION?

YES ____ NO ____ IF YES WHERE AND WHEN

6. HAVE YOU BEEN HOUSED IN THE MENTAL HEALTH UNIT WHILE INCARCERATED? YES ____ NO ____ HOW LONG? _____

7. ARE YOU ON ANY PRESCRIBED MEDICATIONS? YES ____ NO ____ IF YES, EXPLAIN

Are you classified as Mental Health? Yes _____ No _____ If yes, what level _____

8. IN YOUR OPINION WHAT IS THE STATE OF YOUR PHYSICAL HEALTH?

POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

9. DO YOU HAVE ANY WORK LIMITATIONS; YES _____ NO _____ IF YES EXPLAIN:

10. WHAT IS YOUR AGE _____ WEIGHT _____ HEIGHT _____

11. DO YOU SMOKE ? YES _____ NO _____

NO SMOKING allowed while you are enrolled in Set Free AfterCare Program

12. DO YOU DRINK ALCOHOL? YES _____ NO _____

*** NO ALCOHOL or DRUG USAGE while you are enrolled in SFAC Program***

13. DO YOU OR HAVE YOU USED DRUGS WHILE IN PRISON? YES _____ NO _____

-This is written in our lease by our landlord Absolutely No Smoking

III. JAIL & PRISON HISTORY (NOTE: IF CHARGES ARE NOT PROVIDED WE CANNOT PROCESS YOUR APPLICATION). _____

1. HAVE YOU EVER BEEN CHARGED/CONVICTED WITH ANY SEX RELATED CRIMES YES _____ NO _____ *****WE DO NOT ACCEPT ANY SEX RELATED CHARGES.*****

2. WHAT IS YOUR PRESENT CHARGE? _____

3. WHAT IS THE LENGTH OF YOUR SENTENCE? _____

4. DO YOU HAVE A TPM? _____ MAX-OUT _____

5. WILL YOU BE ON PAROLE? _____ PROBATION? _____ E.MON. _____ HOW LONG? _____

6. IF ON PROBATION, WHICH COUNTY? _____

7. IF YOUR ARE ON ELECTRONIC MONITORING, THE MONITORING IS YOUR RESPONSIBILITY
!!!! Drug and Alcohol classes mandated by Parole is your responsibility.

8.

ARE YOU FACING ADDITIONAL CHARGES AFTER YOUR RELEASE? YES ____ NO ____ 9.
IN GEORGIA? ____ OUT OF STATE? ____ WHERE? ____

You must have them taken care of before you will be accepted to Set Free AfterCare

- 10. ******HAVE YOU COMPLETED THE *TOP STEP* PROGRAM IN YOUR PRESENT INSTITUTION ?**
YES ____ NO ____ WAS IT OFFERED? ____

DO you have a copy of your birth certificate in your file YES ---- NO----

HAVE YOU RECEIVED YOUR SOCIAL SECURITY CARD

YES ____ NO ____ REQUIRED TO HAVE IN YOUR FILE).

.That is your responsibility. CAN NOT ACCEPT YOU WITHOUT THEM

11. **HAVE YOU ATTENDED PRE-RELEASE CLASSES IN THE LAST 6 MONTHS?** YES ____ NO ____

12. **WHEN DID YOU START PREPARING FOR YOUR RELEASE FROM INCARCERATION?**

LAST WEEK? ____ LAST MONTH? ____ 6 MONTHS AGO? ____

WORK HISTORY: (DO NOT STRETCH THE TRUTH, BE HONEST)

13. **WHAT KIND OF JOBS DID YOU WORK AT WHILE INCARCERATED?**

14. **DO YOU HAVE ANY PROFESSIONAL SKILLS? JOBS YOU HAVE HELD BEFORE INCARCERATED?, BE SPECIFIC** _____

15. **WHAT KIND OF MACHINERY ARE YOU QUALIFIED TO OPERATE?** _____

Have you been certified to operate any machinery? _____

16. **WHAT IS THE MOST SUCCESSFUL JOB YOU HAVE EVER HAD?**

17. **Please have your counselor help you to prepare a resume to bring with you.**

_____ IV.

EDUCATION:

1. DO YOU READ AND WRITE ENGLISH? YES ____ NO ____ WHAT IS THE HIGHEST GRADE LEVEL YOU COMPLETED IN SCHOOL? _____

**PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED: _
GRADE SCHOOL ____ JUNIOR HIGH ____ HIGH SCHOOL ____ GED ____**

_ COLLEGE (CIRCLE YEAR) 1 2 3 4 _ POST GRADUATE

IF COLLEGE, WHERE? _____

2. HAVE YOU EVER ATTENDED ANY TRADE SCHOOLS? YES ____ NO ____

IF YES,

WHAT/WHERE/WHEN _____

3. DO YOU WANT TO INCREASE YOUR EDUCATION AND TECH SKILLS AFTER RELEASE? YES ____ NO ____

**V. FINANCIAL INFORMATION – THERE IS AN UPFRONT FEE OF \$750.00
IF YOU HAVE EVER HAD AN OUT OF STATE DRIVERS LICENSE, THE FEE IS
INCREASED TO \$ 800.00. (THIS COVERS YOUR GEORGIA STATE ID FROM THE DMV.)**

1. DO YOU HAVE FAMILY TO HELP YOU FINANCIALLY? YES ____ NO ____

2. WHAT DEBTS MUST YOU PAY WHEN YOU GET A JOB?

CHILD SUPPORT _____ YES ____ NO ____

ALIMONY PAYMENTS _____ YES ____ NO ____

PAROLE/PROBATION _____ YES ____ NO ____

COURT ORDERED RESTITUTION _____ YES ____ NO ____

3. DO YOU RECEIVE ANY FINANCIAL ASSISTANCE? YES ____ NO ____

SOCIAL SECURITY _____ DISABILITY _____ OTHER _____

VI. RELIGIOUS HISTORY

**1. DO YOU ATTEND CHURCH REGULARLY IN PRISON? YES ____ NO ____ (If No
WHY NOT)? _____**

SOMETIMES ____ HAVE YOU EVER BEEN? YES ____ NO ____

2. WHAT IS YOUR DEMONINATION? _____

3. ARE YOU A "BORN AGAIN" CHRISTIAN? YES____NO____ NOT SURE____

4. HAVE YOU EVER BEEN BAPTIZED IN WATER? YES____NO____

5. HAVE YOU EVER BEEN BAPTIZED IN THE HOLY SPIRIT? YES____NO____

6. DO YOU READ THE BIBLE DAILY? YES____NO____ SOMETIMES____

7. DO YOU PRAY? YES____NO____ DAILY?____

8. DO YOU UNDERSTAND THAT SET FREE AFTERCARE IS A MINISTRY AND CHURCH IS REQUIRED, ALONG WITH A CHRISTIAN ATTITUDE? WILL YOU PARTICIPATE IN THE PROGRAM 100%, WILLINGLY?

YES____NO____ UNSURE____

DESCRIBE YOUR GOAL IN LIFE

WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT YOURSELF, A JOB OR HOW WE CAN BEST HELP YOU FIND THE JOB MOST SUITED TO YOUR EXPERIENCE, TALENT, EDUCATION, AND DESIRES._____

I, _____ GDC# _____

AUTHORIZE SET FREE AFTER CARE MINISTRY TO USE WHATEVER INFORMATION IS IN THIS APPLICATION **INCLUDING MY MEDICAL INFORMATION AND RECORDS**, TO EVALUATE ME FOR ACCEPTANCE INTO SET FREE AFTER CARE MINISTRY IN ORDER TO ASSIST ME ON MY RELEASE FROM PRISON.

Counselor or chaplain I AUTHORIZE THE GDC INSTITUTION TO RELEASE THIS AND ANY INFORMATION NEEDED BY SET FREE AFTER CARE MINISTRY TO ASSIST ME IN MY RESTORATION OF MY LIFE AFTER INCARCERATION.

I DECLARE BY MY SIGNATURE BELOW THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature of witness, counselor, Or Chaplain MUST HAVE***

