

#4 (REVISED (8-1-2023)

Set Free After-Care Ministry, Inc.

Office: 4170 Matt Hwy. Cumming, Ga.30028

CHAPLAIN FORM

The inmate listed below has requested our assistance upon his release Since we are limited on space, we will only accept those inmates that have made a sincere commitment to change their lives, not just the homeless. Please complete this form with your honest opinion of the inmate and return all of these related forms (total of 5) Inmate/Counselor/Chaplain, to our office.

Inmate's Name: _____ GDC# _____

Chaplain's Name: _____ Phone No. _____ E-mail _____

Best time to reach you. _____

Institution Address: _____

When did you meet with the inmate? _____

Does the inmate attend a church service regularly? () Yes () No.

What assistance does the inmate require? _____

Inmate MUST HAVE HIS BIRTH CERTIFICATE AND SOCIAL SECURITY CARD WITH HIM WHEN HE IS DISCHARGED. CAN'T ACCEPT HIM WITHOUT THEM.

****Note: We Do Not Take Any Sex Related Offenders ****

We do not take smokers or medicated mental health

Does the inmate have any outside support from his family? () Yes () No

2. If he has No Family, he will need a sponsor or church to help. If YES, please list: Address and phone:

Do you believe we should provide the inmate with a resident plan? YES ___ NO ___

Does the inmate appear to want to change his life? Please explain:

****VERY IMPORTANT****Comments/Suggestions/Observations:

Chaplain's Signature _____ date: _____

Please feel free to contact me: Refer setfreeaftercare.org for contact information. Thank you, My Office: 4170 Matt Hwy. Cumming, Ga, 30028 E-mail tla102589@comcast.net Website. Setfreeaftercare.org

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