

#3 (REVISED (8-1-2023))

Set Free After-Care Ministry, Inc.

Counselor mail to: 4170 Matt Hwy. Cumming, Ga. 30028

www.SetFreeAfterCare.org

COUNSELOR'S INFORMATION FORM

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those that have made a sincere effort to change their lives, not just the homeless. Please complete this form with your honest opinion of the inmate and return ALL forms (total of 5) to our office.

Note: We Do Not Take Any Sex Related Offenses, smokers, or medicated mental health.

IMPORTANT: We are T.H.O.R. approved for Structured Housing. Not Recovery Residence Providers. We do not provide AA or Nap programs

Inmate's Name: _____ GDC# _____

Counselor's Name: _____ Phone _____

E-mail _____

Institution Address: _____

Nature of Offense(s): _____

Tentative Parole Month: _____ Maximum Release Date: _____

Parole stipulations: _____ E.Monitor: () Yes () No

Does inmate have a resident plan: () Yes () No If Yes, Please List:

Has the inmate completed the "TOP STEP PROGRAM" ? () Yes () No

Does the inmate have a Social Security card? () Yes () No Birth Certificate () Yes () No In his file to come with him at release? ### MUST HAVE ### both, Social Security and Birth Certificate

Has inmate had any disciplinary problems during his incarceration? () Yes () No

In the past 6 months ? If yes, please explain:

Does the inmate have a substance abuse problem? () Yes () No.

If yes, what type of treatment has he during his incarceration? _____

Has the inmate attended the RSAT program? (yes) (no) Did he complete it? (yes) (no)

Does the inmate require any special treatment/attention? () Yes () No

If yes, please list:

Has the inmate tested positive /and/or been treated for any medical problems-

Hepatitis/Aids/TB_____ Covis /etc?

() Yes () NO Please explain if (YES) _____

In your opinion, should we accept this inmate? () Yes () No Explain: ****VERY IMPORTANT**

Thank you, Tom Allanson Director Website setfreeaftercare.org

Counselor _____ Date Signed _____

Inmate's signature on #2, page 6 last page of #5 MUST be witnessed by you or chaplain