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Thank you for applying to be a part of The Bridges of Hope program! May you know the Lord's grace as you seek His direction. If a question does not apply to you, write N/A in the space.

Please complete this application to engage our team in your re-entry process.

**This information is for Re-entry planning only and your confidentiality will be protected.**

**Applicant Information**

Name \_\_\_\_\_ Today Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address \_\_\_\_\_

Are you a citizen of the United States? Yes ( ) No ( )

Occupation \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Marital Status ( ) Single ( ) Engaged ( ) Married ( ) Widowed ( ) Divorced ( ) Separated

**For Treatment, Jail or Prison Applicant only**

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

I.D. Number \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Release Date \_\_/\_\_/\_\_ Years In Current Facility \_\_\_\_\_

County of Expected Release \_\_\_\_\_

This Christ centered program is to serve those men who are committed to change and have demonstrated that commitment by taking classes, working, attending chapel service, etc.

Describe what you have done to demonstrate that commitment?

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**General Information**

Do you have a current mental health diagnosis? YES ☐ NO ☐ If yes what?

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Have you received any treatment in the past? YES ☐ NO ☐ What was helpful?

Describe \_\_\_\_\_

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Do you currently use and prescription drugs? Yes ( ) No ( )

If yes, please list the reasons and drugs prescribed:

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Have you ever been convicted of a felony, misdemeanors, or infraction? Yes ( ) No ( ) If yes, explain:

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Have you saved any money to put towards The Program fee or a security deposit?

YES ☐ NO ☐ If yes, how much? \$ \_\_\_\_\_

Who's paying the \$500 (\$500 program fee & \$150 security deposit) for you?

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Will you be receiving any government assistance? Please describe:

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Will you have restrictions that will affect your choice of housing? YES ☐ NO ☐

Please list what type: \_\_\_\_\_

Do you have allergies and/or phobias (fears) that can affect your choice of housing?

YES ☐ NO ☐ If yes, please list: \_\_\_\_\_

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**Family Information**

Marital Status: Married ☐ Divorced ☐ Single ☐ Do you have children? YES ☐ NO ☐

How Many? \_\_\_\_\_ Where do they live? \_\_\_\_\_

Are you allowed to contact your children? YES ☐ NO ☐

What city do your nearest relatives live in? \_\_\_\_\_

Family contact & phone number: \_\_\_\_\_

Please describe below the status of your relationship with your spouse, children and parents/relatives.

Will you be required to pay child support upon your release? YES ☐ NO ☐

How much? \$ \_\_\_\_\_

**Family and Social Support**

Which family members or friends can assist you as you are released? Please list:

Have you approached them about helping you? YES ☐ NO ☐ Which ones?

May we contact them? YES ☐ NO ☐ If YES, how?

Have you been a member of the U.S. Military? YES ☐ NO ☐ If yes, what class of discharge did you receive? \_\_\_\_\_

Would you be interested in a mentor (guide, coach, friend) in the community?

YES ☐ NO ☐ If yes, what type do you want \_\_\_\_\_

**Criminal History**

Please list your convictions beginning with the most recent:

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What triggers would most likely cause you to re-offend?

What DOC/Probation/Parole restrictions will you be facing as you release? (no children, etc.)

Do you have a NO CONTACT order with any person? YES [ ] NO [ ] List below:

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Will you have fines to pay after release? YES [ ] NO [ ] About how much? \$\_\_\_\_\_

What issues do you think will be most challenging for you as you transition back to the community?

**Physical & Behavioral Health History**

Are you a recovering Alcoholic and/or Addict? YES [ ] NO [ ]

Do you need information on a support group? YES [ ] NO [ ]

If so, what is your drug of choice? \_\_\_\_\_

If you ever received treatment for this, was it successful? YES [ ] NO [ ] Describe.

**Physical & Behavioral Health History**

Do you have medical and/or physical problems? YES ☐ NO ☐ IF yes, describe:

What medications are you prescribed at this time? List. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you have need for care of a mental health professional upon release? YES ☐ NO ☐

Do you have a current mental health diagnosis? YES ☐ NO ☐ If yes what?

Have you received any treatment in the past? YES ☐ NO ☐ What was helpful?

Describe.

Will you sign a "Release of Information" form that will allow us to contact Doctors, counselors, and mental health professionals? YES ☐ NO ☐ Initial \_\_\_\_\_

Will you have need for immediate dental care upon release and what for?

**Lifestyle Inventory**

What recreational or social activities (sports, outdoors, dancing) will you wish to resume upon release? Describe.

Are you a believer in Jesus Christ as your Savior? YES ☐ NO ☐ Describe.

What spiritual/faith programs and activities have you been a part of recently?

How long have you been a Christian?

Do you go to church? YES ☐ NO ☐

Pastor's Name \_\_\_\_\_ Does your pastor know you are sending this application? Yes ( ) No ( ) How long have you attended the above church?

Church Name & address

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**Education/ Work Skills**

Highest grade level completed in school or GED? \_\_\_\_\_

Do you have any specialized training (business/technical/vocational)? Please describe:

What job skills/experience do you have?

List previous employment.

What educational goals have you set for yourself?

Have you taken classes on preparing a resume, applying for a job, and being a valuable employee? YES ☐ NO ☐ If yes, please list.

Do you know how to balance a checkbook, YES ☐ NO ☐ prepare a budget, YES ☐ NO ☐

and manage your finances YES ☐ NO ☐? If no, would you like to attend a financial skills class? YES ☐ NO ☐

Do you feel adequately prepared to begin your new life in the community? YES ☐ NO ☐

If no, what do you need to feel prepared? Describe.

**Practical Resources**

What things will you NOT have for yourself upon release? (Please check appropriate box)

- ☐ Toiletries
- ☐ Clothing
- ☐ Identification Card
- ☐ Driver's License
- ☐ Social Security Card
- ☐ Religious/Spiritual Support Book(s) \_\_\_\_\_
- ☐ Transportation
- ☐ Church Home
- ☐ Medical Attention
- ☐ Medication(s) upon release
- ☐ Special Nutritional Needs
- ☐ Nutritional Supplements
- ☐ Other (Please specify)

**Your Goals**

Classes are offered in prison to aid in the transition process such as the “Interaction Transition” program and/or others. These classes are helpful in developing a personal transition plan. Have you completed any class or seminar like this? YES ☐ NO ☐

If yes, please list.

What goals have you set for yourself in the coming 12 months?

You may be required to attend orientation meetings/classes offered by the Bridges of Hope team regarding your Re-entry Transition Plan execution. Do you commit to Attend? YES ☐ NO ☐

**Areas of Greatest Need**

What are the greatest challenges you will face upon your release? Describe.

Is there anything else that you would like us to know about you? Describe.

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The Bridges of Hope Team thanks you for the time you took to complete this application. We will use this information to help develop YOUR PERSONAL Reentry Transition Plan that will be sent to you for your involvement and input.

We will do everything we can to help. However, a successful transition ultimately depends on your willingness to develop a plan and to follow it. Our goal is to assist you

in your transition.

Do you agree to this understanding?

Date\_\_\_\_\_ Signature\_\_\_\_\_

Print Name \_\_\_\_\_

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