

# Alpha House Application Date Received \_\_\_\_\_ From \_\_\_\_\_

**IF YOU DO NOT FILL OUT THIS APPLICATION COMPLETELY, YOU WILL NOT BE CONSIDERED FOR THE ALPHA HOUSE PROGRAM.**

The mission of Alpha House, Inc. is to meet the spiritual, physical, mental and emotional needs of women in crisis, equipping them to develop a life of wholeness and hope.

Alpha House is a three month in residence transitional living program located in Roane County, TN. Our focus is providing recovery support services to women who are leaving incarceration.

Applicant Qualifications for Alpha House: (Please Check All That Apply)

- Are you 18 years of age or older?
- Do you have an addiction to a substance?
- Do you agree to drug screening upon admission and periodic screening throughout duration of the program?
- Are you currently incarcerated?
- Are you willing to work at least 30 hours a week?
- Are you willing to change?
- Is this the first time you have applied to Alpha House?

| Personal Information  |                   |                    |               |                 |
|---|-------------------|--------------------|---------------|-----------------|
| Name:   |                   | Social Security #: |               |                 |
| Inmate # (If incarcerated):   |                   | DOB:               | Age:          |                 |
| Do you consider yourself homeless?  |                   | Yes                | No            |                 |
| Present Address:  |                   | How long?          |               |                 |
| City:   |                   | State:             | Zip:          |                 |
| Previous Address  |                   |                    | How long?     |                 |
| Medical History   |                   |                    |               |                 |
| <i>Alpha House, Inc. does not discriminate based on medical history or diagnosis. Information provided below will be protected and will not be shared with individuals without written consent by the applicant. The information will help Alpha House, Inc. to ensure that you receive the most appropriate and timely services.</i> |                   |                    |               |                 |
| Medication  | Reason for taking | Dosage             | Times per day | Date Prescribed |
|   |                   |                    |               |                 |
|   |                   |                    |               |                 |
|   |                   |                    |               |                 |
| Have you ever been tested for:  |                   |                    |               |                 |
| Hepatitis A   | Yes No            | Date of last Test: |               | Results:        |
| Hepatitis B   | Yes No            | Date of last Test: |               |                 |
| Hepatitis C   | Yes No            | Date of last Test: |               |                 |
| TB  | Yes No            | Date of last Test: |               |                 |
| HIV   | Yes No            | Date of last Test: |               |                 |
| Have you been told you have any of the above? Yes No If yes, which one?   |                   |                    |               |                 |
| Have you ever had treatment for HIV or AIDS? Yes No   |                   |                    |               |                 |
| If yes, please explain:   |                   |                    |               |                 |
|   |                   |                    |               |                 |
| If currently on medication, do you have resources to purchase?  |                   |                    |               |                 |
|   |                   |                    |               |                 |
| Mental Health History   |                   |                    |               |                 |
| Have you ever been diagnosed with a mental illness?   |                   |                    |               | Yes No          |
| If yes, what diagnoses have you been given?   |                   |                    |               |                 |
| What symptoms led someone to give you this diagnosis?   |                   |                    |               |                 |

|   |   |                                  |             |    |
|---|---|----------------------------------|-------------|----|
| Have you ever received outpatient mental health treatment? (i.e. case management, medication management, counseling)                                    |   |                                  | Yes         | No |
| If yes, where:  | When:   | Who:                             |             |    |
| Do you have any history of inpatient psychiatric admissions?  |   |                                  | Yes         | No |
| If yes, where:  | When:   | Duration:                        |             |    |
| Have you ever tried to commit suicide or kill someone?  |   |                                  | Yes         | No |
| If yes, please describe:  |   |                                  |             |    |
|   |   |                                  |             |    |
| <b>Substance Abuse History</b>  |   |                                  |             |    |
| <b>Alcohol Use</b>  |   |                                  |             |    |
| Do you drink? Yes No  | What age did you start?                                 | How long have you been drinking? |             |    |
| State the reason you first started to drink:  |   |                                  |             |    |
| When was your last drink?   | Do you believe that you are addicted to alcohol?        | Yes                              | No          |    |
| Have you tried to stop drinking in the past?  | Yes No  | What happened?                   |             |    |
| Have you ever been in treatment?  | Yes No  | If yes, when & where:            |             |    |
| What were the consequences of your use of alcohol?  |   |                                  |             |    |
| <b>Drug Use</b>   |   |                                  |             |    |
| What was/is your drug(s) of choice?   |   |                                  |             |    |
| What age did you start?   | How long did/have you used?                             |                                  |             |    |
| How often would you use?  | When did you last use?                                  |                                  |             |    |
| Do you believe that you are addicted to drugs?  | Yes No  |                                  |             |    |
| Have you tried to stop before?  | Yes No  |                                  |             |    |
| If yes, what happened?  |   |                                  |             |    |
| Have you ever been in treatment?  | Yes No  | If yes, when & where:            |             |    |
| <b>Violence/Abuse History</b>   |   |                                  |             |    |
| Have you ever been involved as a victim in domestic violence?   | Yes   | No                               |             |    |
| Have you ever been a perpetrator in domestic violence?  | Yes   | No                               |             |    |
| Have you ever witnessed domestic violence?  | Yes   | No                               |             |    |
| <b>Sexual Violence/Abuse History</b>  |   |                                  |             |    |
| Have you ever been a victim of sexual assault, rape, harassment, or incest?   | Yes   | No                               |             |    |
| Have you ever been a perpetrator of sexual assault, rape, harassment, or incest?  | Yes   | No                               |             |    |
| <b>Education</b>  |   |                                  |             |    |
| Highest grade completed:  | If you did not complete high school, do you have a GED? | Yes                              | No          |    |
| Vocational Training/Certificates: (Please list)   |   |                                  |             |    |
| <b>Legal Issues</b>   |   |                                  |             |    |
| Are you or will you be on Parole or Probation upon release?   |   |                                  | Yes         | No |
| If yes, for how long?   | PO's Name:  |                                  |             |    |
| Were there any financial judgments against you when you went to jail/prison?  |   |                                  | Yes         | No |
| If yes, what amount?  | Are you current on court costs/fines/probation fees?    | Yes                              | No          |    |
| Do you have any outstanding debts? (Examples include but are not limited to: tickets, child support, credit cards, loans, electric, phone company, etc) |   |                                  | Yes         | No |
| If yes, please explain and give amounts:  |   |                                  |             |    |
| <b>Incarceration History</b>  |   |                                  |             |    |
| How many times have you been in county jail for one or more nights?   |   |                                  |             |    |
| How many times have you been in prison for one or more nights?  |   |                                  |             |    |
| Have you been convicted of any felonies?  | Yes No  | How old are they?                |             |    |
| List the 5 most recent convictions/charges:   |   |                                  |             |    |
| Date  | Charge  | Sentence                         | Time Served |    |
|   |   |                                  |             |    |
|   |   |                                  |             |    |
|   |   |                                  |             |    |
|   |   |                                  |             |    |
| Have you been served a warrant for violating parole or probation?   |   |                                  | Yes         | No |

|   |   |                              |                   |
|---|---|------------------------------|-------------------|
| If yes, please explain:   |   |                              |                   |
| Present Location:   |   | Unit                         | How Long:         |
| Hearing Date:   |   | Expected Final Release Date: |                   |
| County of Offense:  |   |                              |                   |
| Attorney's Name:  |   | Phone:                       |                   |
| Counselor's Name:   |   | Phone:                       |                   |
| <b>Employment Background</b>  |   |                              |                   |
| Job Skills/Work Experience:   |   |                              |                   |
| Current or Last Place of Employment:  |   |                              |                   |
| Address:  |   |                              | Phone:            |
| Job Title/Description:  |   |                              |                   |
| Duties:   |   | Rate of Pay:                 |                   |
| Date Job Started:   | Date Job Left:  | Reason for Leaving:          |                   |
| Could Alpha House contact your past employer for a reference?   |   | Yes No                       |                   |
| Do you have a copy of your birth certificate?   |   | Yes No                       |                   |
| Do you have a copy of your driver's license or state ID?  |   | Yes No                       |                   |
| Do you have a copy of your social security card?  |   | Yes No                       |                   |
| <b>Relationship Background</b>  |   |                              |                   |
| Marital Status (Circle One)   | Married / Divorced / Separated / Widow / Single / Live together / Partner |                              |                   |
| Significant Other's Name:   | Length of Relationship:   |                              |                   |
| <b>Information About Children</b>   |   |                              |                   |
| Name  | Age   | Sex                          | Status of Custody |
|   |   |                              |                   |
|   |   |                              |                   |
|   |   |                              |                   |
| If any children are in DCS custody, who is the case manager?  |   |                              |                   |
| <b>Emergency Contact Information</b>  |   |                              |                   |
| If I am accepted for residency and go to Alpha House, Inc., I give Alpha House, Inc. permission to contact the following individual in the event of an emergency: |   |                              |                   |
| Name:   |   | Relationship:                |                   |
| Telephone Number (Including Area Code):   |   |                              |                   |
| Address:  |   |                              |                   |

I have read the guidelines for Alpha House and am willing to comply with all program policies.

I agree to allow information gathered herein to be used as deemed necessary and appropriate by Alpha House, Inc. its affiliates and employees for their ongoing ministry whether I am accepted or not. The information provided herein shall become the property of Alpha House, Inc. While efforts will be made to keep information confidential there is no guarantee this will be achieved and you agree to hold harmless Alpha House, Inc, its employees and affiliates.

Signed

Date

**Alpha House Applicants:**

If coming from incarceration: (1) Application may be submitted by jail ministry liaison, probation/parole officer or by the individual themselves or other entity.

If treated for a mental health or substance abuse problem (i.e., medication management, counseling, or case management, etc.) medical records are needed. Please note that Alpha House will NOT purchase medication. If accepted for residency you must be able to purchase your medication.

A list of all legal charges is needed.

Applicant's additional comments:

Jail ministry liaison, probation/parole officer or other entity comments:

Please return completed application to:

Alpha House, Inc  
P.O. Box 5641  
Oak Ridge, TN 37830-5641  
Questions please call: 865-435-3399