

Application Number: _____
(for office use only)



BRIDGEHOME

Mail Application To:

BRIDGEHOME

Attn: Application Processing
5170 S Julian Drive
Tucson, AZ 85706

520-573-9933 extension 109
bridgehome@calvarytucson.com

BRIDGEHOME MISSION STATEMENT

To empower inmates to successfully
Transition from incarceration back into
The community and the local church through
Biblical discipleship and assistance with
Practical life needs...

Program Participation Fee: \$500 a month

Application Received: _____

Name: _____ Case/DOC#: _____

Release Date: _____ DOB: _____ Age: _____ Ethnicity: _____

Primary Language: _____ Citizenship _____

Are you a Veteran? Yes: ___ No:___ If yes, Branch and discharge date: _____

Do you have a: Driver's License? Yes:___ No:___ Social Security Card? Yes:___ No:___

Do you have a State issued Picture ID? Yes: ___ No: ___ Birth Certificate available? Yes: ___ No: ___

How did you hear about The Bridge Home? _____

Facility Name: _____

Your mailing address: _____

If in Jail/Prison, name of Chaplain/Phone _____

Your CO3/Case Manager Name and Contact Number: _____

Married: Yes: ___ No: ___ Separated: ___ Divorced: ___ If Married, name, address and phone number of spouse: _____

Any restrictions concerning your spouse, for example; No Contact Order, etc.? Yes: ___ No: ___

If yes. Please explain: _____

Are you in the process of family reunification? Yes:___ No:___

Explain: _____

Do you have children? Yes: ___ No: ___ Ages: _____ Gender(s): _____

Custody status and where do they live? _____

Any restrictions concerning your children, for instance, No Contact Order, etc.? Yes: ___ No: ___

Explain: _____

In case of an emergency notify: _____

Relationship: _____ Address: _____

City: _____ State: _____ Phone: _____

Would you like to correspond with a mentor while incarcerated? Yes ___ No ___

Are you interested in continuing with a mentor after release? Yes___ No___

ALCOHOL AND DRUG USE (if applicable)

Substance Use	Frequency, daily, weekly, etc.	Age Began Using	Date of Last Use	Smoked-Inhaled Injected, other	Is this an Addiction
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					
Other ()					
Other ()					

Drug of choice: _____

List dates and name of all facilities for treatment programs, outpatient programs, shelters, and halfway houses attended in the past: _____

Have you attended addiction support groups? Yes: ___ No: ___ How long? _____

Number of attempts to get clean/sober? _____ Longest time of being clean/sober? _____

Are you willing to attend Calvary's Bridge of Hope group on a weekly basis? Yes: ___ No: ___

List services/programs/support groups you participated/completed while in jail or prison? _____

Which ones would you like to continue with after release? _____

SPIRITUAL SELF ASSESSMENT

Religious Belief System: _____

Please list all religious programming you are attending/attended such as religious studies, chapel services, Bible College, correspondence courses, SOAR program, Threshold, etc. _____

Briefly describe your relationship with Christ (include salvation, rededication, and denominational history and present and future steps for growing in your faith, etc.). _____

(Please use other side of paper if you need more room)

Have you been baptized? Yes: ___ No: ___ If yes, when and where? _____

If no, would you like to be baptized after receiving instruction regarding its significance?

Yes: ___ No: ___

EDUCATION

Education: High School Graduate: ____ GED: ____ College: ____ Technical/Business School: ____

Other _____ Highest Grade Completed/Degree: _____

Do you have any vocational/business/technical training? Yes ___ No ___

If yes, what training and where? _____

Any education completed while incarcerated? _____

Any plans to continue education upon release? Yes ___ No ___ Explain: _____

BRIEF MEDICAL HISTORY

Are you under the care of a physician? Yes ___ No ___ If yes, what for? _____

Doctor's Name: _____ Contact Phone: _____

List all current medications prescribed, each dosage and when/why taken below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

List all past and present medical chronic medical conditions: _____

List all past and current psychiatric/psychological encounters: _____

Are you under the care of a behavioral health facility? Yes: ___ No: ___ If yes, explain: _____

Have you ever contemplated/attempted suicide? Yes: ___ No: ___

If yes, date(s) _____

Where: _____

Circumstances: _____

Are you a survivor of sexual assault or domestic violence? Yes ___ No ___

If yes, explain _____

CRIMINAL HISTORY (if applicable)

Do you have outstanding warrants? Yes: ___ No: ___ If yes, list charge and which court?

Next court date? _____ Do you have court fines? Yes: ___ No: ___ How much? _____

Are you a parole violator? Yes: ___ No: ___ Reason for violation? Explain: _____

Are you on court ordered supervision? IPS ___ Parole ___ Fed Probation ___ No Supervision _____
Agency? _____

Have you ever been arrested for sex crimes? Yes:___ No:___ If yes, explain: _____

List all prior arrest dates and outcomes, sentenced to, probation, jail or prison (list where and when). If you have a complete criminal history printout from a verifiable judicial or law enforcement agency that would be acceptable.

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Arrest: _____

Outcome: _____

Please list combined years spent in prison: _____ yrs.

This information is used to assess an individual's needs post incarceration; it will not be a determining factor in the acceptance or denial to the **BRIDGEHOME** program.

PERSONAL PLANS/NEEDS

Employment: Do you have any job possibilities when released? Yes: ___ No: ___ If Yes, explain:

List jobs skills, past employment experience: _____

Do you have and what type of work would you like to do? _____

If not accepted into the Bridge Home, do you have alternative housing or program options, if so where? _____

Finances: Have you saved any money while jailed or incarcerated and if so, how much?

Do you have any outstanding debts? Explain: _____

Clothing: What will you need? _____

What sizes do you wear? _____ Shoe size? _____

Is there anything you feel we should know about you that will help us in assisting you in your transition, for instance, Parental and family history, where you grew up, hopes, dreams, etc.?

(Use back of paper, if needed)

VERIFICATION

By signing below, I agree to the following conditions:

1. I will provide a copy of my Presentence Investigation Report to **BRIDGEHOME** staff to assist with transitional needs.
2. I will provide **BRIDGEHOME** with the name of my parole/probation officer and authorization to speak with him/her on my behalf.

Parole/Probation Officer: _____

Address: _____ Telephone: _____

3. I will provide **BRIDGEHOME** Calvary Tucson with a copy of my 'Conditions of Release' from the state or county facility of my release.
4. I will authorize **BRIDGEHOME** Calvary Tucson to share the contents of this application as well as any of my personal information required with referring agencies - official representatives only.
5. I will formulate a plan with progress and goals with **BRIDGEHOME** Calvary staff and mentor. I will follow such plan to the best of my ability, with the understanding that if I do not comply with this plan or demonstrate a willingness to do so, may result in my termination as a participant.
6. I certify that all the information in this application is true, and that I will be truthful in all my disclosures and interactions with members of **BRIDGEHOME** staff.
7. I am assured that the contents of this application is presented to **BRIDGEHOME** with the expressed knowledge that its contents will be used to assess the possibility of entering the program, and in no way has anyone one guaranteed placement in the **BRIDGEHOME** program at this time. This application only begins the process of possibility. I also understand I must prayerfully prepare for acceptance or denial to the program, while developing my trust in God for direction through His Word.
8. I agree to abide by all the Bridge Home requirements and household rules if accepted as a resident to the Bridge Home.

Signature: _____ Date: _____

BRIDGEHOME Calvary provides practical help and spiritual direction in a supportive home environment for men who have demonstrated a desire to follow the Lord Jesus and begin a new life, both spiritually and practically outside the prison walls.