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No One Forgotten.

Re-Entry Program Application

Basic/Contact Information

First Name: _____ Last Name: _____

Sex: Female Male

Dep. of Corrections #: _____

Date of Release: ____/____/____

Was your crime violent? Yes No Was your crime sexual? Yes No

Street Address: _____

City: _____ Zip: _____

Phone #: _____ Alternative Phone #: _____

Additional Contacts

Name: _____ Relation: _____

Address: _____ Phone: _____

Name: _____ Relation: _____

Address: _____ Relation: _____

Personal Information

Date of Birth: ____/____/____ Place of Birth: _____

Race: _____ Marital Status: _____

Children: Yes No If yes (names/ages): _____

Child Support: Yes No Needs childcare services: Yes No

Current Residence: _____

With Whom: _____

Permanent Residence: Yes No

Residence prior to incarceration:

Parent or guardian's home Other relative's home Independently

Transitional/Treatment facility Homeless Shelter Homeless

Own/Rent Home Friend's home Foster home

Other _____



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Source of financial support: _____

Legal History

Ever arrested prior to current incarceration? Yes No

Date and description of offense(s): _____

Employment History

Ever been employed: Yes No

Last two positions held:

A. Position, dates, salary, and duties: _____

B. Position, dates, salary, and duties: _____

Work-related skills: _____

Future employment goals: _____

Any professional references (other than family and friends): _____



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Educational History

Highest schooling completed:

- No schooling/less than HS
- Some community college/trade school
- Some college/university
- Some graduate school
- HS diploma/GED
- Associate's Degree
- Bachelor's Degree
- Graduate Degree

Name and location of last school attended: _____

Ever receive special education services: Yes No

Ever had an Individual Educational Plan (IEP): Yes No

Ever suspended from school: Yes No

Ever placed in an alternative school: Yes No

Explain "yes" answers: _____

What did you like best about school? _____

What did you like least about school? _____

Future education goals: _____

Any skill deficiencies/barriers to successful learning: _____



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Physical & Mental Health History

Self-Health Rating:

Poor Fair Good Excellent

Explanation: _____

Known health problems/disabilities: _____

Currently taking any prescription medications? Yes No _____

Date of last physical exam: _____

Ever hospitalized: Yes No

If yes, condition and approximate date: _____

Date of last eye exam: _____

Require glasses to read, work, etc. Yes No

Ever experienced neglect or abuse: Yes No

Physical abuse: Yes No

Sexual abuse: Yes No

Difficulty sleeping: Yes No

Alcohol abuse: Yes No

Drug abuse: Yes No

Self-mutilation: Yes No

Attempted suicide: Yes No

Applicant's signature: _____ Date: _____