

**CONQUEST REINTEGRATION
MINISTRIES**

**Program Application and
Agreement**

Mail or fax application with all supporting materials to:
CORM
Attn: Intake
PO Box 73873
Washington, DC 20056-3873
Fax: 202-478-1739

NOTE: PLEASE COMPLETE THIS APPLICATION AS COMPLETELY AS POSSIBLE. INCOMPLETE INFORMATION MAY RESULT IN YOUR NOT BEING ACCEPTED FOR THE PROGRAM. ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

Full Name at Birth _____

Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

Is the above address a Shelter Transitional House Drug Treatment Facility Jail or Prison Halfway House

Name of Facility _____

Is this address a single family home or apartment? Yes No If yes, are you the leaseholder or owner? Yes No

Telephone number - home _____ work _____ cellular _____

Date of birth _____ Date most recent sentence began _____ Date sentence ends _____

Race Black White Asian American Indian Hispanic Other _____

DCDC# _____ FBOP Register # _____ Other Inmate # _____

Name of case manager _____ Telephone _____

Are you currently on parole or probation? Yes No If so, until what date? _____

Name of your parole or probation officer _____ Telephone _____

Your effective parole date, if applicable _____

Note: If you are incarcerated, but have not been given an effective parole date, you are not eligible to apply at this time.

If you have had a parole hearing recently but do not know the status of your parole, check here

Do you have possession of your social security card? _____

Do you have possession of your birth certificate? _____ City and State of Birth _____

If you do not have possession of your birth certificate: Hospital of Birth _____
Father's Full Name (as listed on birth certificate) _____
Mother's Full Name (as listed on birth certificate) _____

PLEASE INCLUDE A COPY OF YOUR LATEST NOTICE OF ACTION FROM THE US PAROLE COMMISSION.

Date of Notice of Action _____ Salient Factor Score _____

SUBSTANCE ABUSE HISTORY

Have you ever used drugs or alcohol ? ___ Yes ___ No. If Yes, complete the following chart:

Type of drug or alcohol you used	Month and Year of last use	How many months or years did you use this substance?	How did you take this substance? (injected, smoked, ingested, etc)	Did you receive treatment?	Name of Counselor	Telephone	Date(s) of Treatment

CRIMINAL HISTORY

In the chart below, list all criminal convictions you received during the past twenty years:

Conviction	Months/Years of Sentence	Date Sentence Began	Date Sentence ends

Do you have any civil cases pending against you? [] Yes [] No If so, what and where? _____

Do you have any civil or criminal cases pending against anyone else, including agencies of the government? [] Yes [] No If so, explain _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

I NEED ASSISTANCE WITH (check all that apply)

<input type="checkbox"/> Temporary Housing	<input type="checkbox"/> Getting my birth certificate	<input type="checkbox"/> Getting my social security card	<input type="checkbox"/> Getting a job	<input type="checkbox"/> Getting an ID card
<input type="checkbox"/> Finding a mentor	<input type="checkbox"/> Finding a permanent place to live	<input type="checkbox"/> Health care	<input type="checkbox"/> Getting into a training program	<input type="checkbox"/> Getting my GED
<input type="checkbox"/> Finding a church	<input type="checkbox"/> Problems I am having with my family	<input type="checkbox"/> Staying free from drugs	<input type="checkbox"/> Staying free from alcohol	<input type="checkbox"/> Clothing
<input type="checkbox"/> Obtaining disability assistance	<input type="checkbox"/> Anger management	<input type="checkbox"/> Other		

CERTIFICATION AND SIGNATURE

I agree to participate in the Reintegration of Ex-Offenders Project (REO). I agree to abide by the program rules, including:

- Follow-through with all referrals provided by Conquest Reintegration Ministries staff and affiliated organizations
- Informing Conquest Reintegration Ministries of any change in residence or contact information

Testing for the use of drugs or alcohol by clients is done randomly and at the discretion of Conquest Reintegration Ministries personnel. I hereby voluntarily consent to provide a urine sample for drug testing if requested to do so. I understand that if I consent to such tests, the test results will be released to authorized Conquest Reintegration Ministries personnel and affiliated organizations. I further understand that the drug test results will be used for program evaluation purposes and for reporting to funders and third parties. In such reporting, I understand that my name and other identifying information will not be revealed.

My signature below denotes that I have read, fully understand, and will comply with the agreement without excuse.

Signature of Client

Printed Name of Client

Date

FOR OFFICE USE ONLY

Date Attended Orientation _____

Client Approval Status

- New Client**
- Correspondence**
- Non-Client/Non-judicial**
- Applicant Denied**

Comments

Reviewed by _____ **Date** _____