

#4 (REVISED) (12-15-2021)

Set Free After Care Ministry, Inc.
3482 Keith Bridge Rd. Box 108 Cumming, GA. 30041

CHAPLAIN'S INFORMATION FORM

The inmate listed below has requested our assistance upon his release. Since we are limited on space, we will only accept those inmates that have made a sincere commitment to change their lives, not just the homeless. Please complete this form with your honest opinion of the inmate and return all of these related forms (total of 5) Inmate/Counselor/Chaplain, to us.

Inmate's Name: _____ GDC# _____

Chaplain's Name: _____ Phone No. _____

Best time to reach you. _____

Institution Address: _____

When did you meet with the inmate? _____

Does the inmate attend a church service regularly? () Yes () No.

What assistance does the inmate require? _____

****Note: We Do Not Take Any Sex Related Offenders *****

****Set Free After Care Ministry is a NONE tobacco , smoking, dipping chewing facility. Not tolerated at all.**

Does the inmate have any outside support from his family? () Yes () No

1 Weeks Rent is Due Up Front (\$500.00). If he has No Family, he will need a sponsor or church to help. If YES, please list: Address and phone:

Do you believe we should provide the inmate with a resident plan? () Yes () No Does the inmate appear to want to change his life? Please explain:

****VERY IMPORTANT****Comments/Suggestions/Observations: are confidential

Chaplain's Signature _____ date: _____

Thank you, Tom Allanson Exec.Dir. tla102589@comcast.net 678-231-2324