

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

SET FREE AFTER CARE MINISTERIES,

INMATES'S APPLICATION INFORMATION SHEET

COMPLETE AND RETURN ALL FORMS TO COUNSELOR FOR MAILING

SET FREE AFTER CARE MINISTRY BOX 108 3482 Keith Bridge Rd.

CUMMING, GEORGIA 30041

NOTE TO APPLICANT: THE MORE WE KNOW ABOUT YOU, THE BETTER WE CAN HELP YOU. ALSO, SOME INFORMATION, SUCH AS THE FACT THAT YOU ARE AN EX-OFFENDER, MUST BE SHARED WITH PROSPECTIVE EMPLOYERS. NOTE *** WE DO NOT ACCEPT ANY SEX RELATED CRIMES

I. PERSONAL INFORMATION

APPLICANT'S NAME: _____

DATE: _____

GDC# _____ EF# _____

INST. _____ CELL/BLOCK _____

Inmate's Mailing Address:

_____ CITY: _____

STATE: GA ZIP CODE: _____

-

DATE OF BIRTH: _____ AGE _____ Place of Birth: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Gender _____

ARE YOU A U.S. CITIZEN? YES ___ NO ___ REFERRED TO US BY _____

ASIAN ___ BLACK ___ CAUCASIAN ___ HISPANIC ___ OTHER _____

MARTIAL STATUS NOW:

SINGLE ___ MARRIED ___ SEPARATED ___ DIVORCED ___ -WIDOWER ___

Wife/girlfriend name DOB Phone# Address

DEPENDENT CHILDREN (NAMES & AGES):

1. _____ 2. _____

3. _____ 4. _____

NEXT OF KIN: NAME: _____ PHONE: (____) _____

ADDRESS:

_____ CITY: _____ ST. _____ ZIP: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ STATE: _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES ___ NO ___ WHICH STATE: _____

DO YOU HAVE A BIRTH CERTIFICATE: YES ___ NO ___ (IN YOUR FILE) YES ___ NO ___

****THESE ARE NEEDED FOR YOU TO BE ACCEPTED and Covid ABLE TO GET A JOB, PLAN AHEAD****

II. MEDICAL INFORMATION

1. HAVE YOU EVER TESTED POSITIVE FOR ANY COMMUNICABLE DISEASES SUCH AS: TUBERCULOSIS, HIV+, (AIDS), VENERAL DISEASES, HEPATITIS A, B, C, COVID, ETC. ?

YES ___ NO ___ EXPLAIN

2. DO YOU HAVE ANY MEDICAL PROBLEMS OTHER THAN THOSE LISTED ABOVE? TYPE DIFFICULTY THEY CAUSE YOU

3. DO YOU HAVE ANY LIMITATIONS/HANDICAPS ? YES ___ NO ___ EXPLAIN

4. HAVE YOU EVER BEEN HOSPITALIZED FOR DRUGS OR ALCOHOL PROBLEMS ? YES ___ NO ___ IF YES, LIST BELOW.

5. HAVE YOU EVER BEEN TREATED AND/OR COMMITTED FOR PSYCHIATRIC REASONS (MENTAL HEALTH), OR DEPRESSION?

YES ___ NO ___ IF YES WHERE AND WHEN

6. HAVE YOU BEEN HOUSED IN THE MENTAL HEALTH UNIT WHILE INCARCERATED?

YES ___ NO ___ HOW LONG? _____

7. ARE YOU ON ANY PRESCRIBED MEDICATIONS? YES ___ NO ___ IF YES, EXPLAIN

Are you classified as Mental Health? Yes ___ No ___ If yes, what level _____

8. IN YOUR OPINION WHAT IS THE STATE OF YOUR PHYSICAL HEALTH?

POOR ___ FAIR ___ GOOD ___ EXCELLENT ___

9. DO YOU HAVE ANY WORK LIMITATIONS; YES ___ NO ___ IF YES EXPLAIN:

10. WHAT IS YOUR AGE _____ WEIGHT _____ HEIGHT _____

11. DO YOU SMOKE ? YES ___ NO ___ OCCASIONALLY _____

*****NO SMOKING allowed while you are enrolled in Set Free AfterCare Program*****

12. DO YOU DRINK ALCOHOL? YES ___ NO ___ OCCASIONALLY _____

***** NO ALCOHOL or DRUG USAGE while you are enrolled in SFAC Program*****

13. DO YOU OR HAVE YOU USED DRUGS WHILE IN PRISON? YES ___ NO ___
JUST OCCASIONALLY? _____

III. JAIL & PRISON HISTORY (NOTE: IF CHARGES ARE NOT PROVIDED WE CANNOT
PROCESS YOUR APPLICATION).

1. HAVE YOU EVER BEEN CHARGED/CONVICTED WITH ANY SEX RELATED CRIMES
YES ___ NO ___ ***** **WE DO NOT ACCEPT ANY SEX RELATED CHARGES.** *****

2. WHAT IS YOUR PRESENT CHARGE? _____

3. WHAT IS THE LENGTH OF YOUR SENTENCE? _____

4. DO YOU HAVE A TPM? _____ MAX-OUT _____

5. WILL YOU BE ON PAROLE? ___ PROBATION? ___ E.MON. ___ HOW LONG? _____

6. IF ON PROBATION, WHICH COUNTY? _____

7. **IF YOUR ARE ON ELECTRONIC MONITORING, THE MONITORING IS YOUR RESPONSIBILITY**
!!!! Drug and Alcohol classes mandated by Parole is your responsibility.

8. Two weeks rent (\$550) BEFORE you arrive.(if possible)

9. **ARE YOU FACING ADDITIONAL CHARGES AFTER YOUR RELEASE?** YES ___ NO ___
GEORGIA? _____ OUT OF STATE? _____ WHERE? _____

You must have them taken care of before you will be accepted to Set Free AfterCare -----

10. *****HAVE YOU COMPLETED THE *TOP STEP* PROGRAM IN YOUR PRESENT INSTITUTION ?
YES ___ NO ___ WAS IT OFFERED? _____

HAVE YOU RECEIVED YOUR BIRTH CERTIFICATE ? *** YES ___ NO ___ (REQUIRED TO HAVE IN
YOUR FILE). **Can not accept you without them. That's your responsibility****

**HAVE YOU RECEIVED YOUR SOCIAL SECURITY CARD? YES ___ NO ___ (REQUIRED TO HAVE IN YOUR
FILE). **Can not accept you without them. That is your responsibility.** When you are released and**

you have not gotten your birth certificate and social security card, we can not accept you, and the parole board is NOT going to be happy. YOU NEED TO PLANN AHEAD.

11. HAVE YOU ATTENDED PRE-RELEASE CLASSES IN THE LAST 6 MONTHS? YES ___ NO ___

12. WHEN DID YOU START PREPARING FOR YOUR RELEASE FROM INCARCERATION?
LAST WEEK? ___ LAST MONTH? ___ 6 MONTHS AGO? ___

WORK HISTORY: (DO NOT STRETCH THE TRUTH, BE HONEST)

13. WHAT KIND OF JOBS DID YOU WORK AT WHILE INCARCERATED?

14. DO YOU HAVE ANY PROFESSIONAL SKILLS? JOBS YOU HAVE HELD BEFORE INCARCERATED?, BE SPECIFIC _____

15. WHAT KIND OF MACHINERY ARE YOU QUALIFIED TO OPERATE? _____

Have you been certified to operate any
machinery? _____

16. WHAT IS THE MOST SUCCESSFUL JOB YOU HAVE EVER HAD?

17. **Please have your counselor help you to prepare a resume to bring with you.**

_____ IV.

EDUCATION:

1. DO YOU READ AND WRITE ENGLISH? YES ___ NO ___ WHAT IS THE HIGHEST GRADE LEVEL YOU COMPLETED IN SCHOOL? _____

PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED: _ GRADE SCHOOL ___ JUNIOR HIGH ___ HIGH SCHOOL ___ GED ___

_ COLLEGE (CIRCLE YEAR) 1 2 3 4 _ POST GRADUATE
IF COLLEGE, WHERE? _____

2. HAVE YOU EVER ATTENDED ANY TRADE SCHOOLS? YES ___ NO ___

IF YES,
WHAT/WHERE/WHEN _____

3 DO YOU WANT TO INCREASE YOUR EDUCATION AND TECH SKILLS AFTER RELEASE? YES _____ NO _____

**V. FINANCIAL INFORMATION – THERE IS AN UPFRONT FEE OF \$550.00
IF YOU HAVE EVER HAD AN OUT OF STATE DRIVERS LICENSE, THE FEE IS
INCREASED TO \$570. (THIS COVERS YOUR GEORGIA STATE ID FROM THE DMV.)**

1. DO YOU HAVE FAMILY TO HELP YOU FINANCIALLY? YES ___ NO ___

2. WHAT DEBTS MUST YOU PAY WHEN YOU GET A JOB?

CHILD SUPPORT _____ **YES** ___ **NO** ___

ALIMONY PAYMENTS _____ **YES** ___ **NO** ___

PAROLE/PROBATION _____ **YES** ___ **NO** ___

COURT ORDERED RESTITUTION _____ **YES** ___ **NO** ___

3. DO YOU RECEIVE ANY FINANCIAL ASSISTANCE? YES ___ NO ___

SOCIAL SECURITY _____ **DISABILITY** _____ **OTHER** _____

VI. RELIGIOUS HISTORY

1. DO YOU ATTEND CHURCH REGULARLY IN PRISON? YES ___ NO ___ (IF NO WHY NOT)? _____

SOMETIMES _____ **HAVE YOU EVER BEEN? YES ___ NO ___**

2. WHAT IS YOUR DEMONINATION? _____

3. ARE YOU A “BORN AGAIN” CHRISTIAN? YES ___ NO ___ NOT SURE ___

4. HAVE YOU EVER BEEN BAPTIZED IN WATER? YES ___ NO ___

5. HAVE YOU EVER BEEN BAPTIZED IN THE HOLY SPIRIT? YES ___ NO ___

6. DO YOU READ THE BIBLE DAILY? YES ___ NO ___ SOMETIMES _____

7. DO YOU PRAY? YES ___ NO ___ DAILY? _____

8. DO YOU UNDERSTAND THAT SET FREE AFTERCARE IS A MINISTRY AND CHURCH IS REQUIRED, ALONG WITH A CHRISTIAN ATTITUDE? WILL YOU PARTICIPATE IN THE PROGRAM 100%, WILLINGLY?

YES ___ NO ___ UNSURE _____

DESCRIBE YOUR GOAL IN LIFE

WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT YOURSELF, A JOB OR HOW WE CAN BEST HELP YOU FIND THE JOB MOST SUITED TO YOUR EXPERIENCE, TALENT, EDUCATION, AND DESIRES._____

I, _____ GDC# _____

AUTHORIZE SET FREE AFTER CARE MINISTRY TO USE WHATEVER INFORMATION IS IN THIS APPLICATION INCLUDING MY MEDICAL INFORMATION AND RECORDS, TO EVALUATE ME FOR ACCEPTANCE INTO SET FREE AFTER CARE MINISTRY IN ORDER TO ASSIST ME ON MY RELEASE FROM PRISON.

I AUTHORIZE THE GDC INSTITUTION TO RELEASE THIS AND ANY INFORMATION NEEDED BY SET FREE AFTER CARE MINISTRY TO ASSIST ME IN MY RESTORATION OF MY LIFE AFTER INCARCERATION.

I DECLARE BY MY SIGNATURE BELOW THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.

(SIGNATURE OF OFFENDER) (DATE OF OFFENDER SIGNATURE)

_____ **(SIGNATURE**
OF WITNESS) (TITLE) (DATE OF WITNESS SIGNATURE)