

## **PRE-SCREEN INFORMATION**

### **OVERVIEW**

The FOCUS Reentry Program is a Christ-centered reentry program for women reintegrating from a correctional facility in Tennessee. Participants live in a therapeutic home while receiving opportunities for education, employment, relapse prevention, transportation, and mentorship. The purpose of this program is not merely to reduce recidivism, but also to provide opportunities for participants to become productive members of their community by making meaningful contributions.

### **STATE-APPROVED HALFWAY HOUSE**

This program provides housing options that meet the qualifications for State-Approved Transitional Housing and requires six months of residential programming. While the program emphasizes faith-based recovery, this program is not designed for detox or rehabilitation from substance misuse disorder.

### **FOCUS ON SCRIPTURE**

Scripture is both a voice of authority and a guide for all that FOCUS Ministries seeks to accomplish. The passage below, selected from Isaiah 61:1, serves as a guide to describing the intent of the staff and volunteers of FOCUS Ministries.

*“The Spirit of the Sovereign Lord is upon me, for the Lord has anointed me to bring good news to the poor. He has sent me to comfort the brokenhearted and to proclaim that captives will be released and prisoners will be freed.” -Isaiah 61:1*

### **KEY GUIDELINES**

Note: This is an abbreviated list of program guidelines. For a full program guidelines booklet, visit [focustn.org](http://focustn.org).

- The FOCUS Reentry Program prohibits the use of drugs and alcohol.
- Participants pay \$105 in weekly rent, utilities, internet, and transportation.
- Participants set aside \$20 per week in their savings account to prepare for independent living.
- Participants defer employment for the first few weeks of the program to complete CBT and community service.
- Participants attend a weekly church service and a faith-based recovery program once during the week.
- Participants must meet program requirements for thirty days before gaining permission to leave on a pass.

### **ELIGIBILITY REQUIREMENTS**

- Applicants must meet the following requirements for admission into the FOCUS Women’s Reentry Program.
- Applicants must be women reintegrating from a correctional facility in Tennessee.
- Applicants must demonstrate a willingness to live in compliance with all Reentry Program Guidelines.
- Applicants must be able to pay for their housing costs. Applicants who do not qualify for the RHP Housing Grant or other housing assistance must prepay \$500 at the time of admission to cover housing costs.
- Applicants must not be active on the Tennessee Sex Offender Registry.

### **APPLICATION PROCESS**

Applications must be mailed to our mailing address: P.O. Box 27274, Knoxville, TN 37927 or emailed to [reentry@focustn.org](mailto:reentry@focustn.org). Applications that do not meet eligibility guidelines may not be processed.

### **KEY QUESTIONS**

- **What are your goals?** Someone who simply wants a place to stay for a while may not enjoy a program that emphasizes personal growth and development, especially the components of structure and accountability.
- **What is your belief system?** This program offers a Christ-centered approach to reentry support, which includes a weekly church service, a weekly faith-based recovery meeting, mentorship from a Biblical worldview, group prayer, and other spiritual disciplines. A relationship with Jesus Christ is the foundation of everything we do so our program may not be a good fit for someone who is opposed to this way of life.

## APPLICATION

### APPLICANT INFORMATION

Please read the Pre-Screen Information Sheet before completing this application. Applications that do not meet the eligibility requirements will not be considered.

<b>NAME:</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>
<b>DATE OF BIRTH:</b>	/ /	<b>FACILITY ID#:</b>	
<b>CURRENT FACILITY &amp; MAILING ADDRESS:</b>			
<b>REENTRY COORDINATOR CONTACT INFORMATION:</b>	PLEASE LIST THE NAME(S) AND CONTACT INFORMATION FOR YOUR REENTRY COUNSELOR, CASEWORKER, OR ATTORNEY WHO MAY ASSIST YOU WITH YOUR RELEASE AND HOME PLAN.		
<b>COURT DATE OR PAROLE HEARING:</b>	/ /	<b>ESTIMATED RELEASE DATE:</b>	/ /
<b>SUPERVISION (CHECK ONE):</b>	PROBATION (SPECIFY)	PAROLE	OTHER (SPECIFY)
<b>IF PAROLE:</b>	HAVE YOU MADE PAROLE YET? (Y/N)	ARE YOU HALFWAY HOUSE MANDATED? (Y/N)	ARE YOU ELIGIBLE FOR RHP? (Y/N)
<b>MARITAL STATUS:</b>		<b>CHILDREN'S NAMES &amp; AGES:</b>	
<b>FOCUS BEHIND THE WALLS:</b>	HAVE YOU ATTENDED A FOCUS CHURCH SERVICE OR CLASS BEHIND THE WALLS? (Y/N) IF YES, WHO WAS YOUR INSTRUCTOR?		
<b>SUPPLEMENTAL SECURITY INCOME(SS):</b>	DID YOU RECEIVE SSI BENEFITS PRIOR TO YOUR INCARCERATION? (Y/N) IF YES, WHAT WAS THE REASON?		
<b>HEALTH:</b>	WHAT MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS SHOULD WE KNOW ABOUT WHEN PREPARING ACCOMMODATIONS FOR YOU?		CURRENT/NEEDED MEDICATIONS

**APPLICATION (CONTINUED)**

**IN THE SPACE PROVIDED, PLEASE EXPLAIN WHY YOU WOULD LIKE TO JOIN THE FOCUS REENTRY PROGRAM.**

## RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, authorize the release of information to and from the Tennessee Department of Corrections and TN Board of Probation and Parole with the staff of FOCUS Ministries for the purposes of evaluation, assessment, and coordination of treatment efforts. I understand the Release of Information agreement expires one year from the date I sign this document.

I authorize the release of the following records:

medical records that also includes any infectious diseases

psychiatric records

substance abuse treatment records

institutional records

---

Print Name

---

Signature

---

Date

---

Do not write below line. FOCUS Ministries only.

---

FOCUS Ministries Staff Signature

---

Date