



*New Beginnings Transition Program*

PO Box 27274, Knoxville, TN 37927 • 888-814-FOCUS (3628)

## New Beginnings Transition Program Application

Application Date: \_\_\_\_\_

Approximate Release Date: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      Correctional Facility I.D. #

\_\_\_\_\_  
Present Street Address                                      City                                      State                                      ZIP

\_\_\_\_\_  
Correctional Facility (if applicable)                                      Housing Unit/Cell

\_\_\_\_\_  
Social Security #                                      Date of Birth                                      Place of Birth                                      Driver's License# or ID#

\_\_\_\_\_  
Occupation/Skills                                      Highest Level of Education

\_\_\_\_\_  
Military Service (branch and service dates)

Emergency Contact Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

### MARITAL STATUS

Circle marital status:      Married      Divorced      Separated      Widowed      Single (Never Married)

\_\_\_\_\_  
Spouse/Ex-Spouse's Last Name                                      First Name                                      Middle Initial                                      Phone #

\_\_\_\_\_  
Spouse/Ex-Spouse's Street Address                                      City                                      State                                      ZIP

How is your relationship with spouse/ex-spouse now? (Circle One)      Excellent      Good      Bad      Not Speaking

If married, how long have you been married? \_\_\_\_\_ How many times have you been married? \_\_\_\_\_

If separated, how long have you been separated? \_\_\_\_\_ How long have you been married? \_\_\_\_\_

What was the reason for the separation? \_\_\_\_\_

If divorced, how long have you been divorced? \_\_\_\_\_ How long were you married? \_\_\_\_\_

What was the reason for the divorce? \_\_\_\_\_



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NON-MARTIAL RELATIONSHIPS

Are you currently involved in a relationship with someone? If yes, describe relationship. (This should include anyone you write, talk to on the phone, or see on a regular basis.)

Significant Other's Last Name First Name Middle Initial Phone #

Significant Other's Street Address City State ZIP

How long have you known this person? Did you know this person before you were incarcerated?

CHILDREN

If applicable, please list all children and their mothers.

Table with 7 columns: Child Full Name, Age, City/Town, Mother's Name, Phone #, Does the child's mother have custody? (Y/N), Do you have contact with the child? (Y/N)

FAMILY HISTORY

FATHER (Circle one): Living Deceased Unknown

Father's Last Name First Name Age Phone #

Father's Street Address City State ZIP

MOTHER (Circle one): Living Deceased Unknown

Mother's Last Name First Name Age Phone #

Mother's Street Address City State ZIP

Were your parents married to each other? If yes, are they still married to each other?

Did your parents raise you? If no, who did?

Do you have siblings? If yes, please list names:

In what ways do you feel your family has influenced you and your life?



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**LIFE CHALLENGES**

Have you ever had severe anxiety, sadness, or anger (from a death, divorce, loss of job, etc.)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What is your greatest challenge when interacting with others? \_\_\_\_\_

Have you ever been affiliated with a gang? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever had psychiatric treatment? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever struggled with chemical dependency/addiction of any kind? \_\_\_\_\_ If yes, list substances: \_\_\_\_\_

When was the last time you used? \_\_\_\_\_ What is your longest clean time? \_\_\_\_\_

Have you ever received treatment for chemical dependency/addiction? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Describe treatment: \_\_\_\_\_

**HEALTH INFORMATION**

State of physical health? (Circle one)                      Excellent                      Good                      Fair                      Poor

Name of Physician: \_\_\_\_\_ Medical Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a medical condition which requires medication? \_\_\_\_\_ If yes, list all medications: \_\_\_\_\_

Are you able to perform the required daily tasks of participation in this program (i.e. household chores, full-time employment)? \_\_\_\_\_

Please list any additional health information that we need to know in order to provide the best care for you or the other residents in the program:

\_\_\_\_\_

**RELATIONSHIP WITH JESUS CHRIST**

When did your relationship with Jesus begin? Describe that experience: \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Did you attend church as a child? \_\_\_\_\_

Church Attended: \_\_\_\_\_

Have you ever participated in FOCUS Ministries classes/services inside a correctional facility? \_\_\_\_\_

If yes, which classes/services? \_\_\_\_\_ Who was/is your instructor? \_\_\_\_\_

In what ways do you spend time with God? \_\_\_\_\_

Which Bible verse is particularly meaningful to you and why? \_\_\_\_\_



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**CHARGES**

Please list all current and prior charges in the space provided.

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**COMMITMENT**

Check all that apply:

I am willing to submit to the authority of the FOCUS Ministries New Beginnings Transition Program for an entire year.

I am willing to complete all coursework, attend all meetings, and participate in personal counseling sessions.

I am willing to go through the challenges of group living and develop new healthy habits.

I (print name) \_\_\_\_\_, understand that the FOCUS Ministries New Beginnings Transition Program can only guide me in the right direction and that I am ultimately responsible for the growth and progress in my life. I will attend any meetings, classes, and counseling that the staff feels is important to my success. I will comply with all house rules and follow all instructions given to me by the staff.

The information that I have provided to FOCUS Ministries New Beginnings staff members and all information on this application is complete, accurate, and true. I understand that any false or willingly omitted information will result in immediate rejection of this application or immediate dismissal from the program.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date