



KARAT PLACE, INC. TRANSITIONAL HOUSE APPLICATION

Name _____
Last First Middle DOC Number Institution

Birthdate _____ Birthplace _____
City County State

Social Security # _____ Driver License? _____

Last Residence _____
City County State

Next of Kin _____
Name Relationship

Address _____ Phone # _____

Marital Status _____ Number of Children _____

Gender and Age(s) of Child(ren) _____

List your economic resources: _____

Are you in contact with spouse or significant other? ___ Children? ___ Parents/Family? ___

HEALTH

Have you ever been diagnosed with any health problems? _____

If so, List and give treatment received _____

List any handicaps or health problems that would prevent you from working? _____

ALCOHOL/DRUG HISTORY

Have you ever had an alcohol and/or drug problem? _____ If so, what is your drug of choice? _____

List all drugs that you have used in the past. _____

What programs have you attended or treatments received? _____

EDUCATION

Last grade completed in school _____ Diploma/GED _____
Place and Date _____
List college trade school, and degree _____
Years in military service _____ List branch and type of discharge _____

EMPLOYMENT HISTORY

List name and address of last company you worked for: _____

From _____ to _____ Why did you leave? _____
Were you employed at the time of your most recent arrest? _____
What is the longest time that you have ever held the same job? _____
What are your future employment plans? _____
If you have a job plan, list company name and address: _____

List your job skills: _____

PRISON HISTORY

Current Charges: _____
Current Convictions: _____
Current Sentence: _____ Date Incarcerated: _____
Did you know the victim? _____ How? _____
Plea or Jury Trial? _____ Expiration of sentence date: _____
Have you met with the Board of Paroles on these convictions? _____ How many times? _____
Next parole hearing: _____ Earliest release date: _____
Have you ever been on parole? _____ Did you violate parole? _____
Were you charged for a new crime while on parole? _____
List all prison disciplinaries: _____

How long since your last disciplinary? _____

Current prison job: _____ Prison programs: _____

List prison, volunteer or other community references:

Name	Occupation	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the name of your counselor or caseworker: _____

PAST RECORD

Your age at first arrest: _____ Juvenile record: _____

Prior adult arrests and charges: _____

Prior adult convictions: _____

How many years have you spent total in prison during your adult life? _____

Hobbies: _____

Personal Goals:

AGREEMENT

If accepted at Karat Place, Inc.'s transitional center, I will follow the program rules and regulations as outlined in the contract that I will sign. I give permission for Karat Place, Inc. to review any information in the files kept on me by the Department of Correction or by any other agency. I understand that this information is kept confidential by Karat Place, Inc.

Signature

Date

Karat Place, Inc. is for women offenders, but does not discriminate in selecting applicants solely on the basis of race, national origin, religious conviction, disability or ability to pay in the provision of its services.

INTERVIEWER'S NOTES AND COMMENTS (if done in presence of applicant)

Physical appearance: _____

Non-verbal behavior: _____

Comfort Level: _____

Level of motivation: _____

Insight and judgment: _____

Notes: _____

Interviewer's signature _____ Date _____

Mail completed application to:



Karat Place, Inc.

Attn: Program Director

558 Boyd St

Memphis, TN 38126

Or

P. O. Box 9092

Memphis, TN 38190