

Gospel Shelters for Women dba Liza's Place

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APPLICATION FOR WOMANS PROGRAM updated January 2010

Please be honest. We will strongly consider all applicants. Fill out the following completely, incomplete Applications will be returned. Do not leave any questions blank. You may put "not applicable" if needed. Send a printout of all disciplinary actions if you are coming from prison. Have your case manager verify and sign.

DATE: _____

NAME _____ Mrs. _____ Ms. _____ Miss _____ AGE _____

ALIAS _____

TELEPHONE# _____ REFERRED BY _____

DOC# _____ DOB _____ SSN _____

RACE: ___ Non Hispanic ___ Hispanic/Latino ___ American Indian or Alaskan ___ Asian
___ Black/African American ___ Hawaiian/Pacific Islands ___ White ___ Don't Know

Preferred Language ___ English ___ Other
___ Literacy ___ Proficient ___ Not Proficient
Citizen of the United States ___ Yes ___ No

List all current convictions _____

List all your material resources to include such things as savings account balance, automobiles, insurance coverage, etc.

Plea Bargain/trial _____ Did you know the victim? _____
Sentence Length _____ Was it aggravated? _____

Please answer below as to which entity you are currently detained in.
COUNTY _____

Next Court Date _____ PED _____ MRD _____
Division _____ Case Manager _____
Probation Officer _____ Parole Officer _____
Lawyer _____ Facility Incarcerated In _____

PERSONAL INCARCERATION INFORMATION

How many times have you met the parole board? _____

How many years were you incarcerated as an adult? _____

How many years were you incarcerated as a juvenile? _____

How many times have you had institutional write-ups? _____

How much "good time" have you lost? _____

Describe the situation or crime for which you are currently incarcerated (or homeless)?

What actions have you taken to improve yourself and prepare for life outside the prison (or on the streets)?

How do you think you will deal with your parole or discharge (or a new life)?

List all prior convictions

Date	Charge	Sentence	Time Served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Age you were first arrested _____

Are you affiliated with a particular gang? _____

Are any family members associated with a particular gang? (This does not disqualify you from the program)

List facilities in which you have served time:

Facility	Supportive Persons	Mentor Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prison Jobs/Assignments

List any hobbies _____

Family Status

Never been married, single ___ Married ___ Divorced ___ Common Law ___ Domestic Partner ___
Separated ___ Widowed ___ How many times married _____

Sexual Orientation ___ Heterosexual ___ Homosexual ___ Bisexual ___

Spouses name _____ Spouses phone number _____
Spouses address _____ City, State Zip Code _____

Housing Statues:

Where did you stay Last night _____

If you are currently housed, are you being evicted in 14 days ___ Yes ___ No

How long have you stayed at the place you stayed at last night _____

Where did you stay before above _____

Number of times homeless (including this time) _____

Number of times homeless in the past 3 year's _____

How long have you been homeless this time _____

Reasons or contributing factors to homeless situation

- Abuse or Violence in home
- Alcohol/Substance abuse
- Asked to leave
- Bad Credit
- Couldn't pay utilities
- Discharged from Foster Care
- Discharged from Jail
- Discharged from Prison
- Doesn't Apply
- Family member or personal Illness
- Legal problems
- Lost Job/Could not find work
- Medical Expenses
- Mental Illness
- Moved to find Work
- Problem with public benefits
- Reasons related to my sexual orientation
- Relationship problems/Family Breakup
- Unable to pay Rent
- Don't Know

Children:

Name	Age	Do you have contact with them and how?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Permanent Address _____
 # _____ Street name _____ State _____ Zip _____

Is your father alive? Yes ___ No _____ Is your mother alive? Yes ___ No _____

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City State Zip	City State Zip
_____	_____
Phone	Phone

Is it all right if we contact them on your behalf?

Describe Relationship with Mother

Describe Relationship with Father

Any living Brothers or Sisters?

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Is there a significant other male or female in your life? Yes _____ No _____

Give name and relationship _____

Children? _____

List any other mentors, pastors, good friends with whom you wish to have a continued relationship, along with their addresses and phone numbers:

Debts and Moneys Owed:

Past child support owed? _____ Current monthly payment? _____

Is there a court order for this? _____

Explain _____

Court Ordered Restitution or Fines? _____ How much? _____

Is your driver's license clean? ____ Yes ____ No

List any fines, restrictions, required classes, needing to be complete

List any other debts or financial obligations that you have amounts and schedules of payments

Health Rating: ___ Very Good ___ Good ___ Fair ___ Poor

Pregnant ___ Yes ___ No Due Date _____

Disabling Condition _____

Date of last physical or doctors appointment _____ While incarcerated? _____

Diagnosis and treatment: _____

Mental/Emotional problems ___ Yes ___ No

Developmental Disability ___ Yes ___ No Physical Disability ___ Yes ___ No

Current

Dr. _____

Current

Diagnosis _____

-

Treatment _____

Immunizations _____ Up To Date _____ Don't Know

Have you been tested for HIV or AIDS? Results _____ Negative _____ Positive

Have you been tested for Hepatitis? ___ Negative ___ Positive TB ___ Negative ___ Positive

Any other health problems that we should be aware of? _____

Any special dietary needs? _____ Any prescription medications? _____

Have you ever been had inpatient psychiatric care? If so, where and when?

Diagnosis? _____

Substance abuse Problem ___ Yes ___ No

If yes ___ Meth ___ Alcohol ___ Coke ___ Heroin ___ Prescription Drugs

Depression, Anxiety, Violent, Suicidal ___ Yes ___ No

Which of the following contributed to your incarceration (or current circumstances)? Identify the degree of negative influence, 1 being the least influential and 5 being the most influential.

___ alcohol	___ myself	___ friends, relatives, etc	___ lack of education
___ Poor decisions	___ poor attitude	___ poverty/homelessness	___ drugs/alcohol
___ Pornography	___ anger	___ association	___ lack of motivation
___ Traumatic event in your life			___ giving up

What are you doing to change the areas listed above?

EDUCATION:

Grade completed _____ Age _____ Diploma or GED? _____

List all classes taken while in prison completed?

MILITARY SERVICE: ___ Past ___ Present

Branch _____ Date of Service _____

Type of Discharge _____

In War Zone ___ Yes ___ No if yes Hostile or friendly fire ___ Yes ___ No

Base _____

___ Europe ___ N. America ___ Vietnam ___ Laos and Cambodia ___ S. China Sea ___ China, Burma ,India ___ Korea
___ S. Pacific ___ Persian Golf ___ Other

Military Era ___ Persian Golf ___ Post Vietnam ___ Vietnam ___ Between Korean and Vietnam ___ Korean

EMPLOYMENT HISTORY: (Prior to incarceration)

List all employers for 3 years prior to arrest:

Employer	Address	Dates	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As you look back on your time in prison (or your last couple years), what good things can you see that will help you now ?

Have you ever been in another rehabilitation program? If so, where and when?

WHY WOULD YOU LIKE TO BE ACCEPTED TO THIS PROGRAM?

Signature

date