



## GETTIN' HOME Application

Please fill out this application in its entirety. Please mark N/A on any question that does not apply to you. Circle only one on questions with choices. The application must be filled out in clear legible handwriting or typed. Please attach additional information to the application. Please note the *Gettin' Home* reserves the right to deny any application at any time prior to receiving Students.

For Office Use Only

Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_

DOB \_\_\_\_\_

DOC # \_\_\_\_\_

Unit # \_\_\_\_\_

Name of Facility \_\_\_\_\_

Case Manager \_\_\_\_\_

Chaplain \_\_\_\_\_

Estimated Discharge / Parole Date \_\_\_\_\_

(Circle one)

Do you have a Birth Certificate? \_\_\_\_\_ Social Security Card \_\_\_\_\_

Do you speak English? Yes / No Can you read? Yes / No

Education: Highest grade completed \_\_\_\_\_

Degrees or Special Skills \_\_\_\_\_

We are a Christ Centered program; do you have a denominational preference? Yes / No  
(Circle one)

Why? \_\_\_\_\_

Are you a Christian? Yes / No  
(Circle one)

Are you a Genesis One student? Yes / No  
(Circle one)

Are you currently attending Church Services and Bible Studies? Yes / No

If so, please describe or explain which ones \_\_\_\_\_

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Do you have children? \_\_\_\_\_

If so, what are their ages? \_\_\_\_\_

Where are they? \_\_\_\_\_

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Who is the legal guardian? Please explain. \_\_\_\_\_

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Are you married / divorced / legally separated / in a relationship / it's complicated?

Please explain \_\_\_\_\_

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Is there anyone in your life that may do you physical harm? Yes / No

What are your expectations of this program? \_\_\_\_\_

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List the goals you would like to achieve while you are here. \_\_\_\_\_

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Do you require any special medications? Yes / No

Is so, please list \_\_\_\_\_

Do you have a medical condition that would limit your ability to perform certain tasks?

If so, please list. \_\_\_\_\_

Other rehab, treatment centers, and half-way houses you have attended.

Attach to this form a letter of recommendation from your chaplain, pastor, lawyer or DOC employee.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

(If another person filled out the form please include that persons signature, printed name and title if Staff personnel.)

I \_\_\_\_\_ hereby give permission to the  
(Applicants Name Printed)

Gettin' Home, LLC to request and obtain information from my records and individuals that work with me and my case. I understand that this information is obtained so the Gettin' Home, LLC, may have all the facts necessary to fairly consider my application. I further understand that any private information obtained will not be used for purposes other than for my application and personal file at the Gettin' Home, LLC.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

Mailing Address : \_\_\_\_\_

Contact Phone: \_\_\_\_\_