Park Plaza Reentry Application

Park Plaza Jail & Prison Ministry
4930 S. Sheridan Rd.
Tulsa, Oklahoma 74145-5712

Applicant Information

Last Name:	First:	Initial:	Date:
Date of birth:	SSN: - -		DOC #
Facility at which incarcerated:			DOB.
Case Manager:	Expected release date:		

Employment History

Place of employment prior to incarceration:
Type of work:
Special Training:

Do you have valid driver's license? Yes No	Do you own a vehicle? Yes No

Programs Completed: (List all programs completed while incarcerated)

References from Chaplin:

Criminal History

Current offense:	Sentence
Age First Arrested:	Total Times Incarcerated
Have you ever been arrested for a sex related crime? Yes No	
Number of disciplinary write ups you have had during present incarceration:	
I authorize PPJ&PM to do a background check.	Signature of applicant:

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Substance Abuse History

Is your current offense drug related? Yes no	Drug of choice:
Have you ever been in treatment for substance abuse? Yes No	

Medical History

Do you have any physical problems? Yes no What?
Are you on any medications? No Yes What?
Do you have any mental health problems? No Yes What?
Have you ever attempted suicide? Yes No

Religious Affiliation

Religious Preference

You must also send us a copy of your Birth Certificate and Social Security card with your application. We can't accept anyone without these important documents. You will bring originals with you.

Park Plaza Jail & Prison Ministry reserves the right to refuse anyone we feel will not be faithful to work the program or be a negative influence on others or distract them from their commitment to the program, or for any other reason that may cause disharmony. We encourage each client to attend Celebrate Recovery and Park Plaza Church of Christ services.
My signature below certifies that I am requesting to enter the Park Plaza re-entry Program and that all my answers on this application are true and correct **Please note that this is a program, not just a living arrangement. You will be required to follow all aspects of this program.**

Signatures

Signature of applicant:	Date:

Social History

Case Manager: _____

Case Manager's phone: _____

Who referred you?

- ☐ Attorney:_____
- ☐ Probation/Parole:_____

- ☐ Pre-Sentence Investigator:_____
- ☐ Judge:_____
- ☐ Court:_____
- ☐ District Attorney:_____
- ☐ Drug Court Admin:_____
- ☐ Other:_____

Presenting Problem (Please explain why you are incarcerated?)

_____

_____

_____

_____

History of presenting problem (Tell us how you crossed the line.)

_____

_____

_____

_____

_____

Emergency Notification:

Name: _____Relationship:_____
Address: _____
City, State, Zip: _____
Phone Number: (____) ____-_____

Family System – Social & Present Life Situation

Current Marital Status? ☐ Single ☐ Married Spouse's name: ____________________
☐ Divorced ☐ Separated How long? ____________________

How many times have you been married? _____ How many times divorced? _______

How many live-in relationships have you had? _____ How many children do you have? _____

Childs name	Age	Gender	Residence
____________________	_____	☐ M ☐ F	____________________
____________________	_____	☐ M ☐ F	____________________
____________________	_____	☐ M ☐ F	____________________
____________________	_____	☐ M ☐ F	____________________

Do you pay child support? ☐ NO ☐ Yes How much? Are you current? ☐ Yes ☐ No

Do any of your children have problems in any of the following areas?

☐ Behavioral ☐ Mental health ☐ Emotional ☐ Alcohol
☐ Drugs ☐ Physical ☐ Educational ☐ Other

Your usual living arrangements? ____________________
Fathers Name: ____________________ Father's Age: ____________________
Father's Occupation: ____________________ Health: ☐ Excellent ☐ Good ☐ Fair ☐ Bad
Relationship with Father: ☐ Excellent ☐ Good ☐ Fair ☐ Bad

Mother's Name: ____________________ Mother's Age: ____________________
Mother's Occupation: ____________________ Health: ☐ Excellent ☐ Good ☐ Fair ☐ Bad
Relationship with Mother: ☐ Excellent ☐ Good ☐ Fair ☐ Bad

Sibling's Name(s)	Age	Gender	Older/Younger	Relationship
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
____________________	_____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad

Does either of your parents or any of your brothers or sisters have problems with:

☐ Alcohol ☐ Drugs ☐ mental Health

Have you ever been physically, or sexually abused by either of your parents? ☐ Yes ☐ No
Have you ever been physically, emotionally, or sexually abused by any of your siblings? ☐ Yes ☐ No

Personal & Cultural (General)

Military History: Branch of Service _____
Discharge: ☐ Honorable ☐ Dishonorable

Race: ☐ Caucasian ☐ African American ☐ Native American (Tribe) _____
☐ Alaskan Native ☐ Hispanic ☐ Asian ☐ Other _____
Religious Preference: ☐ Protestant ☐ Catholic ☐ Jewish ☐ Islamic ☐ None

What are your strengths?

_____

What are your Weaknesses?

_____

What is your Recreation/Leisure history?

_____

What are your Expectations of this agency?

_____

Education

Education completed: ☐ Elementary School ☐ Middle School ☐ High School
☐ Some College ☐ GED (Highest Grade Completed) _____
Major: _____ No. Credit Hours: _____

Difficulties in School: _____

Occupational

Current Occupation while incarcerated: _____

Last Employer: _____

Length of time you were with this employer: _____

Type of work you usually perform: _____

Special skills or trade: _____

Financial

Do you have disabilities that limit or prevent your employment? ☐ Yes ☐ No

If yes, how will you pay your program fees? ☐ SSDI ☐ VA Disability ☐ Retired ☐ Annuity ☐ Trust

Other _____

How many people will depend on you for the majority of their food, shelter, etc.? _____

Do you have any income or other financial resources? ☐ Yes ☐ No

If yes, Source: _____ Amount: _____ Per Hour / Week / Month (*circle one*)

Will someone contribute to your support in any way? ☐ Yes ☐ No

Who and what? _____

Attach your previous 3 months income statements or pay stubs (if any)

Clinical Treatment History

Do any of the following apply to you?

☐ Headaches
☐ Bowel Disturbances
☐ Feel Tense
☐ Unable to relax
☐ Can't make decisions
☐ Over ambitious
☐ No appetite
☐ Alcoholism
☐ Drugs
☐ Feel lonely
☐ Don't like weekends

☐ Fainting Spells
☐ Insomnia
☐ Tremors
☐ Unable to have a good time
☐ Inferiority feelings
☐ Dizziness
☐ Fatigue
☐ Feel panicky
☐ Sexual problems
☐ Can't keep a job
☐ Don't like vacations

☐ Stomach Trouble
☐ Take Sedatives
☐ Suicidal Ideas
☐ Can't make friends
☐ Financial problems
☐ Palpitations
☐ Nightmares
☐ Depressed
☐ Shy with people
☐ Home conditions bad

Do you have any chronic medical problems? ☐ Yes ☐ No
What? _____

Are you taking any prescribed medications? ☐ Yes ☐ No

Medication	Strength/Dosage	How long	Benefits	Side effects

Have you ever been hospitalized? ☐ Yes ☐ No

When: _____ Where: _____ Problem: _____
When: _____ Where: _____ Problem: _____

Sexual History

Have you ever been treated for a sexually transmitted disease? ☐ Yes ☐ No

Have you ever been tested for HIV/AIDS? ☐ Yes ☐ No Results? ☐ Positive ☐ Negative

Do you consider yourself: ☐ Homosexual (Gay) ☐ Bisexual or ☐ Heterosexual (straight?)

Mental Health History

Have you ever been treated for an emotional/mental health problem? ☐ Yes ☐ No

When: _____ Where: _____

Diagnosis: _____ Physician: _____

Has anyone in your family ever been treated for emotional/mental health problems? ☐ Yes ☐ No

Who: _____ When: _____ Where: _____

Diagnosis: _____ Physician: _____

Have you experienced any of the following?

Depression	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Anxiety or tension	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Hallucination (excluding drugs)	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble understanding	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble concentrating/remembering	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble controlling violent Behavior (including periods of rage or violence)	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Thoughts of Suicide	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild

Attempted Suicide

Explain: When: _____ Where: _____

Method: _____ Drugs involved? ☐ Yes ☐ No

Homicidal thought and history

Explain: _____

_____

_____

Have you been prescribed medication for any psychological/emotional problem? ☐ Yes ☐ No

Physician: _____

Domestic Violence/Sexual Assault

Have you ever had feelings of uncontrollable rage? ☐ Yes ☐ No

Have you ever had any thoughts about harming others? ☐ Yes ☐ No

Have you ever had trouble controlling your impulses? ☐ Yes ☐ No

As an adult have you been involved in fights? ☐ Yes ☐ No

Were you ever arrested for fighting or for other violent behavior? ☐ Yes ☐ No

If any of the above answers are yes, answer the following:

What were the circumstances of the violent act? _____

_____

When did they occur? _____

_____

Who was involved? _____

How did you feel about this? _____

Did the behavior involve substance abuse? ☐ Yes ☐ No

What was the effect on the victim? _____

What happened to you as a result? _____

Were you arrested? ☐ Yes ☐ No How much time did you serve? _____

Have you ever been accused of rape or a sexual crime? ☐ Yes ☐ No

If yes, was your victim male or Female? _____

Have you ever been accused of domestic violence? ☐ Yes ☐ No

Have you ever had a victim's protective order against you? ☐ Yes ☐ No

Legal Criminal Record

How many times in your life have you been arrested and charged with the following?

	No. of Arrests	Dates
Public Drunk		
DUI		
DWI		
APC		
DUS		
Shoplifting/vandalism/theft		
Parole/probation violation		
Drug charges		
Forgery		
Weapons offense		
Larceny		
Burglary		
Breaking and entering		
Robbery		
Assault		
Arson		
Rape/sex related crimes		
Homicide/manslaughter		
Prostitution		
Contempt of court		
Disorderly conduct/vagrancy		
Major driving violations		
Other		

Have you engaged in illegal activities for profit? ☐ Yes ☐ No

What is your explanation of legal problems?

_____

_____

_____

_____

Gang History

Gang affiliation/status_____ Age on joining_____ Leaving_____

Motivation for joining _____ Motivation for leaving_____

Violence with gang_____

Sexual offenses with gang_____

What programs have you completed while incarcerated: _____

_____

_____

_____

Substance Abuse History

Substance	Age first use	Date last use	Frequency	How used
Alcohol	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Alcohol to intoxication	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Heroin	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Methadone	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Pain Killers	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Sleeping Pills	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Valium, Librium, Zanax	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Cocaine/Crack	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Crank/Meth	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
THC (marijuana)	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Hallucinogens	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Inhalants	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
PCP	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Use multiple	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Other	_____	_____	_____	☐ IV ☐ Snort ☐ Smoke ☐ Oral

Drug of choice _____

Have you ever experienced DT's: ☐ Yes ☐ No Drug overdose? ☐ Yes ☐ No

Where do you usually drink or use drugs? _____ Do you usually use drugs alone? ☐ Yes ☐ No

Have you ever drank or used drugs more than you intend? ☐ Yes ☐ No

Have you ever been treated for alcohol/drug abuse? ☐ Yes ☐ No

When: _____ Where: _____ Complete: ☐ Yes ☐ No Length: _____

When: _____ Where: _____ Complete: ☐ Yes ☐ No Length: _____

Tobacco Usage: Check all that apply to you.

☐ I am a non-smoker ☐ I smoke cigarettes ☐ I smoke a pipe ☐ I dip snuff ☐ I chew tobacco

My Journey to Christ
(Please describe below)

Please write an essay of your goals, what steps you are taking to achieve them and your plan on finding permanent living arrangements and steps toward finding employment.