

Faith and Character-Based Dormitory
Offender Application

LAST NAME: _____ FIRST:_____

GDC NUMBER: _____ DOB: _____

CURRENT HOUSING UNIT: _____ CURRENT DETAIL: _____

LAST DISCIPLINARY REPORT: ____/____/____

PRIMARY LANGUAGE: _____ HEARING/VISUALLY IMPAIRED: YES NO

RACE: (CIRCLE ONE)

ASIAN	AFRICAN AMERICAN	NATIVE AMERICAN	MULTIRACIAL
PACIFIC ISLANDER	HISPANIC/LATINO	WHITE	OTHER

US CITIZEN: (CIRCLE ONE) YES / NO ICE/INS DETAINER: YES / NO

RELIGIOUS AFFILIATION: _____

HIGHEST EDUCATIONAL LEVEL COMPLETED: _____

TPM: ____/____/____ MRD: ____/____/____

DO YOU HAVE ANY MEDICAL PROFILES? YES NO IF SO, WHAT?

PROGRAMS COMPLETED: (CIRCLE PROGRAMS TAKEN)

MOTIVATION FOR CHANGE PARENTING MRT PSSIA
MATRIX THINKING FOR A CHANGE CONFRONTING SELF SOPP
REENTRY SKILL BUILDING GED BEHAVIOR STABILIZATION
ABE FAMILY VIOLENCE ITC FCBD

VOCATIONAL_____

OJT_____

WHY DO YOU WANT TO PARTICIPATE IN THE PROGRAM?

DO NOT WRITE BELOW THIS LINE

APPROVED:	DENIED:	DATE:
COMMENTS:		