

# Dismas House Massachusetts

PLEASE FILL OUT **COMPLETELY** & RETURN APPLICATION TO:  
Dismas House, Post Office Box 30125, Worcester, MA 01603  
Phone (508) 799-9389 {no collect calls accepted} **DO NOT FAX!**

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (bracelet/prison numer) (Institution)

Birth date: \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Social Security # \_\_\_\_\_  
(City) (State)

Race/ethnicity (s): \_\_\_\_\_ Driver's License # \_\_\_\_\_

Last Residence \_\_\_\_\_  
(Address) (City) (Country) (State)

Whose address is this? \_\_\_\_\_

**NEXT OF KIN:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**One other person** who will always know how to contact you?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

What are your debts? \_\_\_\_\_

Do you have savings or income? \_\_\_\_\_

Marital Status \_\_\_\_\_ Names and ages of children \_\_\_\_\_

Status of your child support/child custody? \_\_\_\_\_

In regular contact with spouse or significant other (s)? \_\_\_\_\_

Children? \_\_\_\_\_ Parents/Family? \_\_\_\_\_ Other? \_\_\_\_\_

## GOALS:

What are your short term goals? (1-3 months) \_\_\_\_\_

Medium range goals (3-6 months) \_\_\_\_\_

Long range goals (1 year +) \_\_\_\_\_

## HEALTH:

Have you ever been diagnosed for any physical health problem? \_\_\_\_\_

List treatment received: \_\_\_\_\_

Are there any medications you regularly take? List them: \_\_\_\_\_

Are there any other health problems that would prevent you from working? \_\_\_\_\_

Have you been diagnosed, or do you believe that you have any mental health problems? \_\_\_\_\_

Treatment received: \_\_\_\_\_

## RECOVERY HISTORY:

Do you believe you have a drug or alcohol problem? \_\_\_\_\_

Are you an alcoholic and/or drug addict? \_\_\_\_\_

List primary drugs of use, method of intake and age at first use:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What treatment have you received in prison? \_\_\_\_\_

What treatment have you received on the streets? (i.e. counselors, meetings, other programs) \_\_\_\_\_

What is the longest period of sobriety you have had on the streets? \_\_\_\_\_

How long have you been sober **now**? \_\_\_\_\_

What is your **specific plan for recovery**? \_\_\_\_\_

**EDUCATION:**

Last grade completed: \_\_\_\_\_ GED (Place and date): \_\_\_\_\_  
College/Trade School: \_\_\_\_\_

(Location, Hours Completed, Degree Sought)

Military Service? \_\_\_\_\_ Combat Experience? \_\_\_\_\_

**EMPLOYMENT:**

Last Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Describe job: \_\_\_\_\_

Were you employed at the time of most recent arrest? \_\_\_\_\_

What kind of work do you do? \_\_\_\_\_

What kind of work, training, or school **would you like to do?** \_\_\_\_\_

What is the longest time you've held the same job? \_\_\_\_\_

What are your credit problems: \_\_\_\_\_

**CURRENT CHARGES:**

**CURRENT CONVICTIONS:**

Alcohol/drugs prior to (or during) crime? \_\_\_\_\_

Alcohol/drugs in prison? \_\_\_\_\_

Current sentence? \_\_\_\_\_ Date incarcerated, this offense: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did you know the victim? \_\_\_\_\_ How? \_\_\_\_\_

Expiration of sentence date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Next parole hearing: \_\_\_\_/\_\_\_\_/\_\_\_\_ Earliest release date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List and date **all** disciplinarys: \_\_\_\_\_

Prison Job: \_\_\_\_\_ Prison Programs: \_\_\_\_\_

Past prison programs: \_\_\_\_\_

Prison Employee, Volunteer, or other Community References:

Name Position Phone Number Number of Years Known

Who is your counselor or caseworker? \_\_\_\_\_

\*\*\*\*\*WHAT IS YOUR CASE WORKER'S NUMBER?\*\*\*\*\* \_\_\_\_\_

**PAST RECORD:**

Your age at first arrest? \_\_\_\_\_ Juvenile record? \_\_\_\_\_  
(List all arrests and convictions)

In Juvenile Facilities? \_\_\_\_\_ How long? \_\_\_\_\_

All Prior **ADULT** arrests, charges: \_\_\_\_\_

All Prior **ADULT** convictions: \_\_\_\_\_

How much of your adult life has been in prison/jail? \_\_\_\_\_

Federal/Out-of-State charges and convictions? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Have you ever applied to/lived in a Dismas House? \_\_\_\_\_ Which one? \_\_\_\_\_

Hobbies: \_\_\_\_\_

**THE STATEMENT BELOW MUST BE READ, UNDERSTOOD, SIGNED AND DATED.**

I agree to stay at Dismas House for at least 90 days. I will live in community as described in the fact sheet that I have received. I give permission for Dismas to see any information in files kept on me by the Dept. of Corrections or by any other agency. I understand this information will be kept confidential by Dismas. Twenty one days after termination of my stay at Dismas House, the staff will dispose of any property left.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISMAS HOUSE DOES NOT DISCRIMINATE APPLICANTS ON THE BASIS OF GENDER, RACE, SEXUAL ORIENTATION, NATIONALITY OR RELIGIOUS CONVICTION.**