

**PRODIGAL MINISTRIES, INC.**  
**TRANSITIONAL HOUSING APPLICATION**

**Date of Application:** \_\_\_\_\_

**Male:** ☐

**Female:** ☐

Rev. 3/16/18

☐ **Prodigal House West (Male)**  
Louisville, Kentucky 40203

County: Jefferson

☐ **Wright House (Male)**  
Buckner, Kentucky 40010

County: Oldham

For Inquiries  
Office Phone: 502-222-2389

☐ **McCauley House (Female)**  
Crestwood, Kentucky 40014

County: Oldham

Please **print** all responses and answer all questions completely. Place a checkmark in the boxes that apply to you and "N/A" (not applicable) for all questions that do not apply to you.

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_
2. Institution \_\_\_\_\_ I.D. Number \_\_\_\_\_
3. Home Address: *Street* \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_
4. Status: Incarcerated ☐ Paroled ☐ Served Out ☐ Probation ☐ Other ☐
5. Parole Board Hearing Date: \_\_\_\_\_ Anticipated Date of Release: \_\_\_\_\_
6. Serve Out Date: \_\_\_\_\_ Do you plan on serving out? Yes ☐ No ☐
7. Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Do you have a Birth Certificate? Yes ☐ No ☐
8. Social Security No. \_\_\_\_\_ Do you have a Social Security Card? Yes ☐ No ☐
9. Do you have a current Driver's License? Yes ☐ No ☐ Do you have a State ID? Yes ☐ No ☐
10. Black ☐ Caucasian ☐ Asian ☐ Hispanic ☐ American Indian ☐ Other: \_\_\_\_\_
11. 

Current Charge(s)	Total Sentence:	County of Conviction	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12. Do you have any active detainers, pending charges or EPO's? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, list below:  
\_\_\_\_\_  
\_\_\_\_\_
13. 

Previous Incarcerations:			
Previous Charge(s)	Total Sentence:	County of Conviction	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
14. Have you ever been charged with or convicted of Arson or related charges? Yes ☐ No ☐

15. Have you ever been charged with or convicted of a sex offense or related charges? Yes ☐ No ☐
16. Have you received any disciplinary reports while in prison or jail? Yes ☐ No ☐ If yes, list below:

Date of Report	Explanation	Category
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Pre-Release Staff: \_\_\_\_\_
18. Casemanager/Counselor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
19. Highest Grade Completed \_\_\_\_\_ Name of School \_\_\_\_\_
20. Do you have a GED? Yes ☐ No ☐ Any College? Yes ☐ No ☐
21. Marital Status: Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐
22. Do you have any children? Yes ☐ No ☐ If yes, how many? \_\_\_\_\_ Ages \_\_\_\_\_  
Who has custody? \_\_\_\_\_
23. List job skills:

_____	_____	_____
_____	_____	_____

24. List jobs you held prior to incarceration:

_____	_____	_____
_____	_____	_____

25. List any programs that you have been involved in to prepare you for release:

_____	_____	_____
_____	_____	_____

26. Do you have a place to live upon your release? Yes ☐ No ☐

27. Personal Contacts (*next-of-kin, family, church, etc*)

Name	Relationship	Street Address	City	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Please list any medical, dental, or mental conditions:

_____	_____	_____
_____	_____	_____

29. Current Medications:

30. Do you have a disability? Yes ☐ No ☐ If yes, list disability \_\_\_\_\_

31. Have you ever been diagnosed with a psychiatric disorder? Yes ☐ No ☐  
If yes, what was the diagnosis? \_\_\_\_\_

32. Have you ever used drugs and/or alcohol? Yes ☐ No ☐ If yes, check appropriately as follows:  
Alcohol ☐ Marijuana ☐ Cocaine ☐ Crack Cocaine ☐ Benzodiazepines ☐ Opiates ☐  
Sedatives ☐ Methamphetamines ☐ Hallucinogens ☐ Other: \_\_\_\_\_

33. Any treatment for substance abuse? Yes ☐ No ☐ Did you complete the treatment? Yes ☐ No ☐  
Participation in a 12-Step Program? Yes ☐ No ☐ Are you attending SAP? Yes ☐ No ☐  
SAP Location \_\_\_\_\_ Date Completed SAP \_\_\_\_\_

34. Have you ever served in the military? Yes ☐ No ☐ Have you ever received VA benefits? Yes ☐ No ☐

35. Do you have any financial liabilities? Yes ☐ No ☐ Child Support ☐ Court Ordered Fines/Fees ☐  
Restitution ☐ Other: \_\_\_\_\_

36. Have you attended church in the past? Yes ☐ No ☐ If so, what was the denomination? \_\_\_\_\_

37. Please check services that may be of interest to you:

Housing	<input type="checkbox"/>	Churches	<input type="checkbox"/>	Bible Studies	<input type="checkbox"/>
Mentors	<input type="checkbox"/>	Aftercare	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>
Ministries	<input type="checkbox"/>	Support Groups	<input type="checkbox"/>	Community Organizations	<input type="checkbox"/>

38. Include a letter with this application to Prodigal Ministries and tell us how you plan to maintain a crime-free, substance-free lifestyle upon release from jail or prison. List what goals you have set for yourself to help you in your recovery. Include any pertinent information that we should know about you to aid in an appropriate decision for acceptance.

39. There is a charge of **\$75.00 per week rent** for Prodigal clients living in our transitional houses. Do you currently have any funds available? Yes ☐ No ☐ If no, do you have family members, churches, organizations, etc. who would be willing to assist you? Yes ☐ No ☐  
If yes, please provide their name, address, and phone number for our records: \_\_\_\_\_

The applicant gives staff of Prodigal Ministries, Inc. authorization and approval to retrieve information from the Department of Corrections and other agencies. Your signature below is required and indicates your consent for the *Release of Information*, to include all criminal history and medical records.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Send applications to:** Ms. Roberta Shepherd  
Case Screener  
Prodigal Ministries, Inc.  
PO Box 1484  
Crestwood, KY 40014

**For Staff Use Only:** Application Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_