

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

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

Male:

Female:

Rev. 3/16/18

<input type="checkbox"/> <b>Prodigal House West (Male)</b> Louisville, Kentucky 40203	County: Jefferson
<input type="checkbox"/> <b>Wright House (Male)</b> Buckner, Kentucky 40010	County: Oldham
<input type="checkbox"/> <b>McCauley House (Female)</b> Crestwood, Kentucky 40014	County: Oldham

For Inquiries  
Office Phone: 502-222-2389

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: \_\_\_\_\_