

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 PRIME FOR LIFE MRT
- BEHAVIOR STABILIZATION MATRIX THINKING FOR A CHANGE
- CONFRONTING THE SELF REENTRY SKILL BUILDING SOPP
- GED
- ABE FAMILY VIOLENCE ITC FCBD

VOCATIONAL _____

OJT _____

WHY DO YOU WANT TO PARTICIPATE IN PROGRAM?

I. DO NOT WRITE BELOW THIS LINE

APPROVED:	DENIED:
DATE:	
COMMENTS:	