

Christian New Creation Client Application

GENERAL INFORMATION

Full Name _____ Date of Birth _____ State of Birth _____

Current Address _____ City _____ State _____ Zip _____

Address before incarceration/Street _____ City _____ State _____

S.S. # _____ TDCJ #/CID # _____ License # _____ State _____

Height _____ Weight _____ Pant Size _____ Shirt Size _____ Shoe Size _____

Driver license status _____ Place of birth _____

Do you have a Social Security Card/if so who has it? _____

Do you have a Birth Certificate/if so who has it? _____

Do you have a valid State ID or Driver License Card/if so who has it? _____

FAMILY BACKGROUND

How was your family life growing up? Healthy _____ Dysfunctional _____ Abusive _____

Who raised you? _____

Please tell us about your mother. _____

Please tell us about your father. _____

Has anyone ever physically, mentally, or sexually abused you? If yes, please explain. _____

How old were you when you began living on your own? _____

Have you ever used drugs or alcohol with a family member? _____ If yes, please explain: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Engaged _____

How many children do you have? _____ Ages _____ Do you have contact with them? _____

Do your children have the same mother/father? _____ if different mothers/fathers how many? _____

Do you owe child support? _____ Will you be allowed to visit your children? _____

Where do your children live? _____

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PERSONAL BACKGROUND

Why would you like to become a resident at CHRISTIAN NEW CREATION? _____

How long do you plan on being in the program? There is 18 month limit on how long you can stay. _____

What goals have you set for yourself? _____

Have you applied to CNC before, if yes when? _____ If you have been a CNC resident, when? _____

What personal changes have you made since your incarceration? _____

What changes would you like to make in your life? _____

Are you a Christian? Yes ___ No ___ If yes, why do you say you are a Christian? _____

Do you attend church? _____ What religion do you currently identify with? _____

What religions have you identified with in the past? _____

Have you given your life to The Lord Jesus Christ? Yes _____ No _____ If no, explain why? _____

What religious activities/programs have you participated in while incarcerated? _____

What programs have you completed while incarcerated? _____

Who is your current Christian Mentor/Chaplain's name and phone number? _____

Why should we accept you into the CNC program? _____

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ILLEGAL DRUG AND ALCOHOL USE HISTORY

Have you ever used illegal drugs? _____ If yes, please answer the following questions?

Drug used _____ Length of time used? _____ Age first used _____ Method of use _____

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Drug used _____ Length of time used? _____ Age first used _____ Method of use _____

Last drug/drugs used _____ Last time used/date _____ Method of use _____

Have you ever been placed in a drug rehab/if yes, when? _____ Did you complete program? _____

List the first drug ever used _____ Who introduced you to illegal drugs? _____

List problems created from your use of illegal drugs _____

List all arrests involving illegal drugs _____

Do you have a history of abusing alcohol? _____ How long did you abuse alcohol? _____

What type of alcohol did you consume? _____ How much did you drink daily? _____

Age first time you consumed alcohol _____ Who have you abused alcohol with? _____

Have you ever been in an alcohol treatment program/if yes, when? _____ Did you complete? _____

Would you consider yourself an alcoholic? _____ If yes, why? _____

List problems created from your use of alcohol _____

List all arrests involving alcohol _____

Have you ever participated in N/A, A/A, or other substance abuse programs/if yes when? _____

If yes to the above question, please list programs participated/completed _____

If you haven't participated in any drug or alcohol program please explain why _____

What is your plan for staying clean and sober once you are released? _____

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EDUCATIONAL BACKGROUND

Highest grade completed _____ High School attended _____

Check all that apply below

GED _____ Did you receive your GED while incarcerated? _____ Date of completion _____

High School Diploma _____ What special courses/programs did you take? _____

College Degree/Degrees _____ Year you received your degree _____

What is your Major? _____

Some College/courses you completed _____

What educational courses have you participated in or completed while incarcerated? _____

Would you like to pursue your education/college in the future? _____

If yes, what field of study would you like to pursue? _____

EMPLOYMENT BACKGROUND:

What job assignments have you had while incarcerated/please list how long you had them for also.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please list your former employers (**including TDCJ**) in the following order-most recent to the oldest

- 1) Employer _____ Position _____ Dates worked for _____
Duties performed _____
- 2) Employer _____ Position _____ Dates worked for _____
Duties performed _____
- 3) Employer _____ Position _____ Dates worked for _____
Duties performed _____
- 4) Employer _____ Position _____ Dates worked for _____
Duties performed _____
- 5) Employer _____ Position _____ Dates worked for _____
Duties performed _____

List any skills/certifications that you have that would assist you in obtaining employment.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Are you a veteran? Yes ___ No ___ What veteran benefits do you receive? _____

If yes, what branch of service did you serve in? _____ How many years? _____

What type of discharge did you receive? _____ In what capacity did you serve? _____

If you weren't honorably discharged, please explain. _____

Did you participate in any programs for veterans while incarcerated/if so which programs? _____

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MEDICAL HISTORY

Have you ever been hospitalized for a psychiatric condition or illness? _____ How many times? _____
Explain why you were hospitalized _____

List medications you currently take for any psychiatric condition that you have been diagnosed with

1. Medication _____ Reason for medication _____ Date began _____
2. Medication _____ Reason for medication _____ Date began _____
3. Medication _____ Reason for medication _____ Date began _____
4. Medication _____ Reason for medication _____ Date began _____

List any medication you are not presently taking that you will need once released

1. Medication _____ Reason for medication _____ Date last used _____
2. Medication _____ Reason for medication _____ Date last used _____
3. Medication _____ Reason for medication _____ Date last used _____

List medications you have taken in the past for any psychiatric condition, if not listed above

1. Medication _____ Reason for medication _____ Date last used _____
2. Medication _____ Reason for medication _____ Date last used _____

List all other medications you currently take, the reason, and the date you started taking them

1. Medication _____ Reason for medication _____ Date began _____
2. Medication _____ Reason for medication _____ Date began _____
3. Medication _____ Reason for medication _____ Date began _____
4. Medication _____ Reason for medication _____ Date began _____
5. Medication _____ Reason for medication _____ Date began _____

List any medications that you aren't currently taken that you will need once released

1. Medication _____ Reason for medication _____ Date last used _____
2. Medication _____ Reason for medication _____ Date last used _____

List any medical issues that will need to be addressed once you are released _____

List any and all work restrictions/medical limitations that you are aware of _____

List any major surgeries you have had in the past

1. Surgery performed _____ Date (estimate) surgery performed _____
2. Surgery performed _____ Date (estimate) surgery performed _____
3. Surgery performed _____ Date (estimate) surgery performed _____

Have you ever attempted suicide? _____ If yes, when? _____ Reason _____

Have you tested positive for HIV? _____ If yes, when? _____ If known, cause _____

Do you have Hepatitis and if so what type? Yes _____ No _____ Type _____ Date Diagnosed _____

Have you ever received Social Security Disability? _____ Reason _____ Date received _____

Will you be filing for disability once released? _____ Reason _____

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LEGAL BACKGROUND

Have you been arrested or convicted of a violent crime? _____

Have you ever been arrested or convicted for a sexually related offense? _____

If you answered yes to any of the above questions please explain the circumstances.

Have you ever been affiliated with a gang? _____ Gang affiliation _____

Age the first time you were arrested _____ Reason you were arrested _____

If you were a minor please list what you were arrested for. _____

List any and all misdemeanors or felonies that you were arrested for/and or convicted of.

Have you received any cases since your incarceration? If yes how many? Minor _____ Major _____

If you received any major cases please list them. _____

How many times have you been to prison? _____

Number of times probation or parole has been revoked? _____

How many times have you been to ISF/for violation while on parole? _____

Were you under the influence of drugs or alcohol when you committed offense? _____

Explain why you are currently in prison or jail? Explain your charges in your own words?

What are your plans for staying out of prison? _____

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Please provide any additional information you feel we should know about your background. _____

REFERENCES

Do you have contact with any of your family and if so which family members? _____

Personal Reference: _____ Relationship _____ How long _____
Phone # _____ Address _____

Personal Reference: _____ Relationship _____ How long _____
Phone# _____ Address _____

STATEMENT OF COOPERATION

I understand that this program requires residents to remain drug and alcohol free, attend church services, participate in the Helping Hands 12 step program, bible studies, pay weekly program fees, maintain employment, complete community service for CNC as called for, follow all rules, and comply with the conditions of parole and or probation. I understand that if I fail to meet these requirements and if I do not comply with the rules and conditions of parole and or probation or those set forth by CNC, your parole and or probation officer will be notified immediately, you will be subject to be terminated from the program.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

ACKNOWLEDGEMENT

I acknowledge that I have read and understand this application. I have answered all questions truthfully and to the best of my ability. I understand that providing false information will result in my being denied acceptance into the CHRISTIAN NEW CREATION community program.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Please note that if there are any changes such as a medical condition, a change in your parole plan, or other information that we need to know after you submit your application it is your responsibility to provide us with that information; failure to do so will result in your denial into the program, or could result in immediate termination from the program once you arrive.

This application was developed by Tony VanDerbur for Christian New Creation on November 10, 2021