

# COMMUNITY RE-ENTRY PLACE INSIDE/OUT

## RESIDENTIAL PROGRAM APPLICATION

We receive hundreds of applications for our residential program and our screening process is very time consuming. If you fail to complete this application thoroughly (answer every single question thoughtfully) and legibly, you will be disqualified and will not be considered for placement. Additionally, the information you provide in this application will be vetted for truthfulness, and if it is discovered that you have been untruthful either by omission or deception, you will be disqualified and will not be considered.

Upon receipt of your application, our staff will review it carefully and a decision will be made whether or not you will continue through the selection process. When that decision is made we will send you a postcard in the mail to inform you of your application status. Please notify your case manager immediately when you receive that postcard.

CASE MANAGER NAME: \_\_\_\_\_

CASE MANAGER PHONE: \_\_\_\_\_

PED/MRD (Release Date): \_\_\_\_\_

### GENERAL INFORMATION:

Name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

DOC#: \_\_\_\_\_ County of last conviction: \_\_\_\_\_

Classification: Minimum \_\_\_\_\_ Minimum Restricted \_\_\_\_\_ Medium \_\_\_\_\_ Closed \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

What is your gender identification? Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_

Relationship status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Engaged \_\_\_\_\_

If you are currently in a relationship, is your significant other also incarcerated? \_\_\_\_\_

Was the person you are in a relationship with involved in the criminal activity for which you are serving time currently? \_\_\_\_\_

If yes, please explain that person's involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_

If yes, please provide branch of service, rank, length of service, occupation/specialty, type of discharge, and medals or awards earned during your time in the service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conviction(s) you are currently incarcerated for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prison time given for most recent conviction: \_\_\_\_\_

Date your sentence began: \_\_\_\_\_

How many times have you been in prison prior to your current conviction? \_\_\_\_\_

List all previous convictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How much total time have you served as an adult? \_\_\_\_\_

Please describe any arrests, convictions, diversionary programs, detention, probation, etc... as a juvenile:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you remanded to adult court as a juvenile? \_\_\_\_\_ Convicted? \_\_\_\_\_

If so, how old were you when you were convicted in adult court, as a juvenile? \_\_\_\_\_

What facility are you in at this time? \_\_\_\_\_

What Housing Unit are you in? \_\_\_\_\_

How long have you been at that facility? \_\_\_\_\_

Other than legal representatives, who has visited you at the facility during the past 12 months?

\_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Please describe briefly your past and present connections to your immediate family:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any children? \_\_\_\_\_ If yes, how many: \_\_\_\_\_ Ages: \_\_\_\_\_

Please describe what you know about Community Re-entry Place Inside/Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you become informed about our program?

\_\_\_\_\_  
\_\_\_\_\_

What is your primary reason for applying for this program? \_\_\_\_\_

What other programs are you applying for related to your parole plan? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are not selected for our residential program, would you be interested in applying for our outpatient program?

\_\_\_\_\_ Yes Please explain: \_\_\_\_\_

\_\_\_\_\_ No Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:**

Do you have any money saved up in preparation for your release? \_\_\_\_\_

If yes, please check the amount that applies: \_\_\_\_\_<\$100 \_\_\_\_\_\$100-500 \_\_\_\_\_>\$500

If no, please explain:

- 1. Why you don't, and
- 2. How you intend to survive until you obtain employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you in debt prior to your most recent conviction/incarceration? \_\_\_\_\_

If yes, how much did you owe? \_\_\_\_\_ How much do you owe currently? \_\_\_\_\_

Please check all that you will be required to pay upon release:

\_\_\_\_ Child Support \_\_\_\_ Restitution \_\_\_\_ Traffic Fines/Fees in CO \_\_\_\_ Traffic Fines/Fees in other states

\_\_\_\_ Legal fees of any kind \_\_\_\_ Student Loans \_\_\_\_ Unpaid Medical Bills \_\_\_\_ Credit Card Debt/Fees

\_\_\_\_ Other, please describe: \_\_\_\_\_

\_\_\_\_\_

Has there ever been a time in your life when you created a budget for yourself and lived within that budget?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, when was that? \_\_\_\_\_

Please describe how you were successful in doing so: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION AND WORK HISTORY:**

Do you have a: High School Diploma \_\_\_\_\_ G.E.D. \_\_\_\_\_ (Please put checkmark if applicable)

What is the highest level of education you have completed? \_\_\_\_\_

Do you have any trade/vocational certifications? \_\_\_\_\_

If yes, please list them here:

\_\_\_\_\_

\_\_\_\_\_

What classes have you taken while in prison? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What classes did you want to take, but did not? \_\_\_\_\_

\_\_\_\_\_

What programs have you been involved in while incarcerated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What programs were you interested in, but did not get into? \_\_\_\_\_

\_\_\_\_\_

What volunteer service(s) did you perform during your time inside? \_\_\_\_\_  
\_\_\_\_\_

What job(s) have you had while doing time? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been lawfully and legitimately employed on the outside? \_\_\_\_\_

If you have ever been lawfully and legitimately employed on the outside, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail your educational goals upon your release. Be sure to include your plan of action in being able to attain those goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail your immediate employment goals upon your release.

Then describe your long term career goals, and your plan of action in being able to attain those goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTIONAL BEHAVIOR:**

Please list all COPD Violations:

Violation	Date of Violation	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe the challenges you faced in being housed in work and living environments while incarcerated that forced you to interface with people you would otherwise have never chosen to be around?

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Please describe in detail how you navigated those challenges: \_\_\_\_\_

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Please describe how the prison culture influenced your behavior: \_\_\_\_\_

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Have you ever been on parole before? \_\_\_\_\_

If so, what happened that resulted in you being incarcerated once again? \_\_\_\_\_

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If applicable, please list all parole revocations and the date(s):

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Please describe your feelings about authority in 1-2 sentences: \_\_\_\_\_

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Please describe what your role has historically been in a team environment: \_\_\_\_\_

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How do you typically behave when you come into a situation that requires you to participate in a group or as a member of a team when you have not been a part of selecting the other participants?

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**MEDICAL INFORMATION:**

Do you currently have any health problems that require ongoing treatment? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Do you currently have any health issues that affect your physical abilities? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Have you had any physical problems or health issues that limited your job choices while incarcerated? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Do you now or have you ever utilized the services of an OCA? \_\_\_\_\_

If yes, please explain the nature of your need for those services: \_\_\_\_\_

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**MENTAL HEALTH/ALCOHOL & DRUG USE:**

Have you ever had one-on-one counseling? \_\_\_\_\_ In prison? \_\_\_\_\_ On the outside? \_\_\_\_\_

If yes, please explain briefly the primary issues being addressed: \_\_\_\_\_

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Have you ever been given a diagnosis related to your mental health? \_\_\_\_\_

If yes, please provide the diagnosis given: \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ How many times? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently taking medication for your mental, emotional, psychological well being? \_\_\_\_\_

If yes, please list the medications you are currently taking: \_\_\_\_\_

Do you plan to continue taking those medications upon your release? \_\_\_\_\_

Have you ever taken medication(s) not prescribed to you? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever engaged in the unlawful selling of prescription medications? \_\_\_\_\_

When is the last time you used illegal drugs? Please include your use while incarcerated.

Approximate date: \_\_\_\_\_ Circumstance: \_\_\_\_\_

When is the last time you consumed alcohol (or a similar substance in prison):

Approximate date: \_\_\_\_\_ Circumstance: \_\_\_\_\_

What has historically been your drug of choice? \_\_\_\_\_

Have you ever participated in the selling/distribution of any illegal drugs? \_\_\_\_\_

When? \_\_\_\_\_ What were the circumstances? \_\_\_\_\_

How long have you had an addiction to: Prescription Medication \_\_\_\_\_yr(s) Illegal Drugs \_\_\_\_\_yr(s)

Alcohol \_\_\_\_\_yr(s) When did you first start using? \_\_\_\_\_

What substance abuse treatment have you received? \_\_\_\_\_

How long was the substance abuse treatment program? \_\_\_\_\_

Did you complete the program? \_\_\_\_\_

When is the last time you smoked cigarettes? \_\_\_\_\_

Would you like to become a non-smoker upon your release? \_\_\_\_\_

This concludes the questionnaire portion of the application. Before signing, be sure you have completed your LETTER OF INTENT, which is required to accompany this application upon submission. Once the application and LETTER OF INTENT are completed & signed, please send by mail or scan by email as follows:

You can find our current mailing address on our website at: <http://www.crpio.org> OR

Scan and email to the Deputy Director at [jenn.r@crpio.org](mailto:jenn.r@crpio.org)



**LETTER OF INTENT/APPLICANT SIGNATURE:**

Your letter of intent is an opportunity, in your own words, to tell us what you want us to know about you that makes you a good fit for our residential program. Take advantage of this chance to **STAND OUT** and make your case for placement. Start by sharing your **TURNING POINT** – when and why you decided to live your life differently than you have been:

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***By willfully and knowingly signing this application below, I am attesting that I answered ALL questions truthfully and accurately to the best of my knowledge. With my signature, I hereby agree to the release of information in any communication with any representatives of the Colorado Department of Corrections, and other Law Enforcement Agencies, which shall include but not be limited to medical and mental health information.***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_