



**DISMAS HOME NEW HAMPSHIRE
APPLICATION FOR RESIDENCY**

Name: _____ Date: _____

**PRIOR TO COMPLETING THE APPLICATION
PLEASE MAKE SURE THAT YOU FIT THE FOLLOWING CRITERIA:**

- You are a woman who has been incarcerated in a New Hampshire county or state correctional facility Yes No
- You must be 18 – 60 years old Yes No
- You **must not have been convicted of arson, sex offense, or violent crime or assault** Yes No **(If you answered “yes” you are not eligible to apply)**
- You must not have demonstrated violent behavior while incarcerated **(Discipline Reports will be reviewed for each applicant)**
- You must have income that falls below 400% of the Federal Poverty Level (FPL) (homeless) Yes No
- Be a resident of New Hampshire Yes No
- **Individuals receiving Medication Assisted Treatment for Addiction must:**
 - Be being treated with the Sublocade/Vivitrol/Naltrexone monthly injection **or**
 - Be being treated with Zubsolv/Suboxone/Buprenorphine in the form of sublingual films or tablet form **or**
 - Be being treated with Methadone doses which can be administered at Dismas Home under supervision of staff
- **Residents accepted while being monitored by the GPS bracelet will be accepted on a case by case basis.**

BACKGROUND INFORMATION:

1. Age _____ Date of Birth: _____
 - a. If on parole/probation, what was or is your release date? _____
 - b. Who is your parole/probation officer? _____
2. **City/State of Residency**
 - a. Current Address: _____
 - b. Prior to incarceration: _____
 - c. County: _____



4. Marital Status:

Single Engaged Married Separated Divorced Widowed

5. Do you have children? Yes No

- a. If yes, are any of your children under the age of 18? Yes No
 b. Number of Children ____Boys ____Girls
 c. Do you still maintain your parental rights? Yes No
 d. Are they under temporary guardianship? Yes No
 e. With whom are they under temporary guardianship with? _____

6. Veteran of the Armed Forces Status: Yes No

- a. Discharge: Honorable Dishonorable

7. Spiritual preference/higher power _____

8. Employment Background:

- a. Were you employed before incarceration? Yes No

If yes, please provide information on employment:

Company and address	Start Date	End Date	Employment Status			Position held	Reason for Leaving
			Full-time	Part-Time	Seasonal Only		

- b. If unemployed before incarceration, what was your source of income?

9. Do you currently have a job? Yes No

With whom? (Company & supervisor Name and phone number)



10. Do you have any job leads, ideas, and/or offers? Yes No

a. With whom? (Name/phone number)

b. Where? _____

c. What type of work will you do? _____

d. What are your skills/talents for employment?

d. Have you signed up for a job site such as (Indeed)? Yes No

e. Have you created a resume? Yes No

11. Prior or current incarcerations of family members:

Relationship of Family Member	Date of Incarceration	Length of Incarceration	Where Incarcerated	Offense

12. Incarceration History:

a. Length of sentence for most recent incarceration:



Amount of time served

0-1yr 2yrs-4yrs 5yrs- 7yrs 8yrs-10yrs 11+ yrs

Release status:

Parole Probation Maxed Out

Date released: ____/____/____

A. Have you been arrested prior to this most recent incarceration? Yes No

B. Have you been incarcerated prior to this most recent incarceration? Yes No

C. Do you have any pending charges? Yes No

1. Do you have a court date? Yes No

2. Do you have a Public Defender/Attorney? Yes No

3. What is the name of your Public Defender/Attorney and telephone number?

13. Current Financial Situation:

A. To the best of your knowledge, what debt do you have when you're released? **(Check all that apply)**

Child Support _____ Loans _____ Restitution _____ Court costs/fines _____

Back mortgage payments/utility bills _____ Civil judgments _____ Tickets/Fines _____

Supervision fees _____

B. Are you eligible for state assistance?

If so, which:

SSDI/SSI Yes No

Food Stamps Yes No

Medicaid Yes No (If Yes, which managing care provider _____)

Medicare Yes No

14. Have you ever been involved in any gang activity? Yes No



15. Have you ever lived in Manchester? Yes No

16. Have you ever been involved in prostitution? Yes No

17. Are you applying to another program? Yes No

If yes, where? _____

Have you been accepted? Yes No

18. What is your education history and background?

A. Did you graduate from high school/GED? Yes No

If No, last grade completed: _____

If Yes, Name and location of high school:

Year graduated: _____

Degree or vocational/technical training received: _____

B. Name and location of College or technical school:

Year Graduated: _____

Degree or training received: _____

19. Self-evaluation:

A. Do you have a place to live (currently or after release)? Yes No

If Yes, with whom Alone Family Friend/Acquaintance Residential Program

Would you consider yourself homeless? Yes No



B. Please evaluate the following:

	Not at all	Slightly	Moderately	Strongly
a. How connected do you feel to your family?				
b. How connected do you feel to the community?				
c. How important to you is support from others?				
d. Do you think of yourself as someone who contributes to the community?				
e. How anxious are you about being out of prison?				
f. Do you feel positively about the direction your life is taking?				

C. Do you want to change your life and why? (Please be thoughtful in your response)



20. Post-Incarceration Needs:

A. What will your primary source of emotional support be upon release?

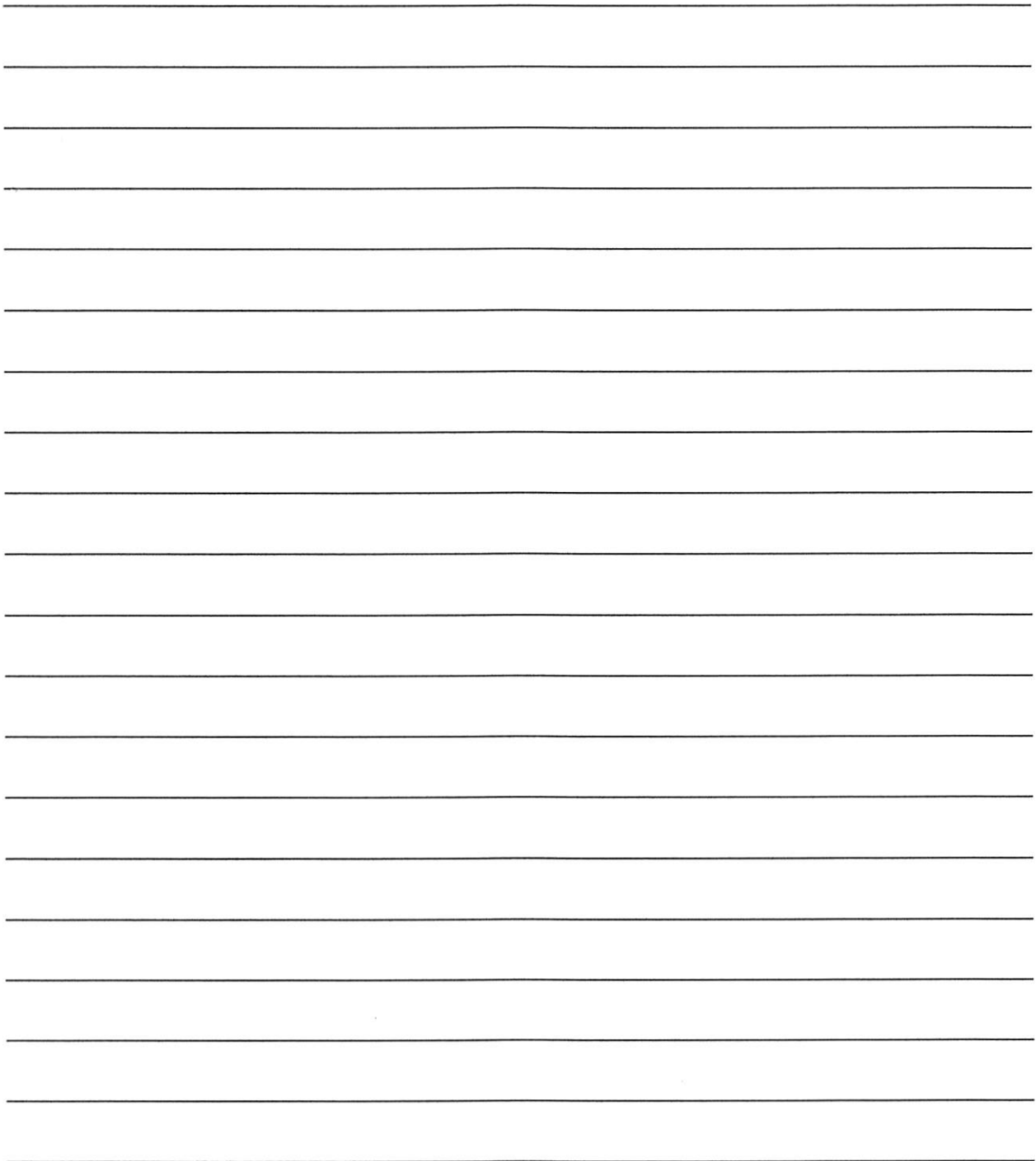
B. What are your clothing needs? Do you have clothing stored someplace? Where?

C. After completing the Dismas Home program, what would be your goal? (1 year from date of admission?)



A. Please list by dates of treatment beginning with oldest and moving to most current treatment: (Please be as accurate as possible)

- The name of facility where you received treatment
- Type of Treatment (Detox, IOP, PHP, 28-day, 90-day, Individualized),
- Indicate whether you completed the treatment
- If you completed the treatment, how long you were sober after the treatment?
- If you relapsed, what do you believe was the trigger?



E. Your second drug of choice is? _____



F. Your third drug of choice is? _____

G. Are you a participant in a Drug Court? Yes No

H. Which Drug Court and who is your counselor/email:

I. Are you in Pre-Trial? If so, Where? Yes No

PLEASE COMPLETE THE ATTACHED RELEASE OF INFORMATION

AND SUBMIT WITH THE APPLICATION

PLEASE FILL OUT AS COMPLETELY AND ACCURATELY AS POSSIBLE

APPLICATIONS NOT COMPLETED IN FULL WILL BE DENIED

You may submit the application to the following address via the mail at:

Dismas Home of NH

102 Fourth Street

Manchester, NH 03102

Attention: Clinical Director

If you wish to submit via fax: (603) 518-8977

If you wish to submit via email: samantha.malay@dismashomenh.org

If you have any questions about how to complete the Release of Information or the

Application, please call the office between 8:00 a.m. and 5:00 p.m.: (603) 782-3004