



Dismas Home New Hampshire Application for Residency

Name: _____ Date: _____

Eligibility requirements are:

- Women who have been incarcerated in NH County or State Correctional Facility
- 18 to 60 years of age
- No conviction of arson, sex offense, or violent crime or assault
- No violent behavior while incarcerated (discipline reports will be reviewed for each applicant)
- Income which falls below 400% of the Federal Poverty Level (FPL, homeless)
- Resident of New Hampshire

Applicants must meet the eligibility requirements to apply.

Applicants who meet eligibility requirements and are receiving Medication Assisted Treatment for Addiction must:

- Be treated with the Sublocade/Vivitrol/Naltrexone monthly injection *or*
- Be treated with Zubsolv/Suboxone/Buprenorphine in the form of sublingual films or tablet form *or*
- Be treated with Methadone doses which can be administered at Dismas Home of New Hampshire under supervision of staff.

Applicants being monitored by a GPS bracelet will be accepted on a case-by-case basis.

Background Information:

Date of Birth: _____ Age: _____

If on parole, probation, what was or is the release date? _____

Who is the parole, probation officer? _____

Current Address: _____

Address prior to incarceration: _____

County: _____



Marital Status (please circle)

Single Engaged Married Separated Divorced Widowed

Do you have children? Yes No

If yes, are any of your children under the age of 18? Yes No

Number of children? _____Boys _____Girls

Do you have parental rights? Yes No

Are children under temporary guardianship? Yes No

If yes, with whom is temporary guardianship with? _____

Veteran Status

Were you a member of the Armed Forces? Yes No

If yes, discharge: Honorable Dishonorable

Spiritual Preference: _____

Employment Background:

Were you employed prior to incarceration? Yes No

If yes, please provide information:

Employer and Address: _____

Start Date: End Date: Fulltime Parttime Seasonal

Position Held: _____ Reason for Leaving: _____

Employer and Address: _____

Start Date: End Date: Fulltime Parttime Seasonal

Position Held: _____ Reason for Leaving: _____



If unemployed before incarceration, what was your source of income? _____

Do you currently have a job? Yes No

If yes: Employer Name: _____

Supervisor: _____ Telephone: _____

If no current job, do you have any job leads, ideas, and/or offers? Yes No

If yes, with whom? _____

Location: _____

Type of Work: _____

What are your skills? _____

Have you signed up for work through job sites such as Indeed? Yes No

Do you have a current resume? Yes No

Applicant Incarceration History

Length of sentence for most recent incarceration:

0-1 Year 2-4 Years 5-7 Years 8-10 Years 11+Years

Release Status: Parole Probation Maxed Out

Date Released: _____

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

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

Do you have any pending charges? Yes No

Do you have a court date? Yes No



Do you have a Public Defender/Attorney? Yes No

If yes, what is the name of the Public Defender/Attorney and telephone number?

Prior or Current incarcerations of family members:

| Relationship of Family Member | Date of Incarceration | Length of Incarceration | Where Incarcerated | Offense |
|-------------------------------|-----------------------|-------------------------|--------------------|---------|
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Financial

Circle all that apply for outstanding debt:

- Child Support
- Court Cost/Fines
- Civil Judgements
- Tickets
- Back Mortgage
- Utility Bills
- Supervision Fees
- Restitution
- Loans

Are you eligible for state assistance: If yes, which applies:

SSDI/SSI Yes No

Food Stamps Yes No

Medicaid Yes No If yes, managing care provider: _____

Medicare Yes No

Have you ever been involved in gang activity? Yes No

Have you ever lived in Manchester? Yes No

Have you ever been involved in prostitution? Yes No



Are you applying to another program? Yes No If yes, where?
 _____ Have you been accepted? Yes No

Education

Did you graduate from high school or have a GED? Yes No
 If no, last grade completed: _____
 If yes, name and location of high school: _____
 Year Graduated: _____ Degree or Vocational Training Received: _____
 Name/Location of College or Technical School:

 Year Graduated: _____ Degree or Vocational Training Received: _____

Self-Evaluation

Do you have a place to live currently or after release? Yes No
 If yes, with whom? Alone Family Friend/Acquaintance Residential Program
 Homeless? Yes No

Please evaluate the following:

| | Not At All | Slightly | Moderate | Strong |
|---|------------|----------|----------|--------|
| How connected do you feel to your family? | | | | |
| How connected do you feel to the community? | | | | |
| How important to you is support from others? | | | | |
| Do you think of yourself as someone who contributes to the community? | | | | |
| How anxious are you about being out of prison? | | | | |
| Do you feel positive about the direction your life is taking? | | | | |



What is applicant's clothing needs? Does applicant have clothing stored somewhere and if yes, location?

If accepted into the program, and upon completion, what is applicant's goal?

Prior Substance Use Disorder Treatment:

Please list dates of treatment beginning with oldest to most current and include:

- Type of treatment (detox, IOP, PHP, 28-day, 90-day, Individualized)
- Did applicant complete treatment? If yes, how long was applicant sober after treatment?
- If applicant relapsed, what was the trigger?



Are you currently sober? Yes No

How long has applicant been sober and in recovery? _____

First drug of choice? _____

Second drug of choice? _____

Third drug of choice? _____

Is applicant a participant of Drug Court? Yes No

If yes, which Drug Court? What is name of counselor and email address?

Is applicant in pre-trial? Yes No If yes, where? _____

APPLICATION AND RELEASE OF INFORMATION MUST BE COMPLETED IN FULL. APPLICATIONS NOT COMPLETED IN FULL WILL BE DENIED. APPLICATION AND RELEASE OF INFORMATION MUST BE SUBMITTED BY MAIL, FAX, OR EMAIL, see below:

Mail:

Dismas Home of New Hampshire, 102 Fourth Street, Manchester, NH 03102, Attn: Clinical Intake.

FAX: (603) 518-8977

EMAIL: info@dismashomenh.org

For questions regarding the application or release of information, please call Dismas Home of New Hampshire Main Office at (603) 782-3004, Extension 3.