



# INSIDE OUT

RE-ENTRY SERVICES

## APPLICATION FOR SERVICES

Date: \_\_\_\_\_

The following information is considered confidential and will be dealt with as such. Your complete and honest answers will assist us in determining your eligibility and prevent delays in entering the program. Intentionally falsifying any answers could result in being disqualified from Inside Out Re-Entry Services.

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Alias Names Used: \_\_\_\_\_

Do you have a Department of Corrections Number \_\_\_\_ Yes \_\_\_\_\_ DOC# \_\_\_\_ No

Projected Release Date: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever applied to Inside Out before? \_\_\_\_\_ If so, When? \_\_\_\_\_

Have you ever been a resident of any of the Inside Out houses? \_\_\_\_\_ If so, When? \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ Who and where do they currently reside and what is their ages? \_\_\_\_\_

Are you currently or have you ever been involved with social service regarding your children? \_\_ Yes \_\_ No

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

Name and phone number of your case worker: \_\_\_\_\_

Which of these best fits your current status?

Sole Custody \_\_\_\_ Joint Custody \_\_\_\_ Guardianship \_\_\_\_ Adopted \_\_\_\_

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2224 E. 56<sup>th</sup> Place  
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Other: \_\_\_\_\_

Are you Indian?  Yes  No If yes, what tribe? \_\_\_\_\_

Do you have a CDIB card? \_\_\_\_\_

Why should you be selected for Inside Out Re-Entry Services?

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

### Problems Areas

Are there any legal, medical, financial or relationship issues that could prevent you from completing the program?

Yes  No

Are you the one seeking help and are you willing to accept counsel?  Yes  No

Please list any substances or activities to which you are currently or have been addicted to the in the past in order of frequency of use:

Drug Used	How Often Used	Date Last Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alcohol	How Often Used	Date Last Used
_____	_____	_____

Have you ever been to Detox?  Yes  No

List prior treatment facilities you have entered \_\_\_\_\_

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

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Date of your last drug/alcohol use: \_\_\_\_\_

What did you use? \_\_\_\_\_

How long have you been using? \_\_\_\_\_

Finish this statement:

With God's help, as a result of this program, I would like to change my life in the following five areas:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you attended recovery in the past?     Yes     No

Have you completed a CR step Study?     Yes     No

Location \_\_\_\_\_ Leader \_\_\_\_\_

Do you have a sponsor \_\_\_\_\_ Phone \_\_\_\_\_

## RELATIONSHIPS

Are you currently:  Single  married  separated  divorced?

Do you have a boyfriend or common law spouse?     yes  no

(I understand this person will not be allowed to communicate with men or a same sex relationship in any manner during the course of this program.    \_\_\_\_\_ Initials

Can you commit to remain in the program until staff recommends completion?     yes  no

Do you want to join Inside Out Re-Entry Services?  Yes  No Do you feel forced to join?     Yes  No

When you are confronted on issues, how do you normally react? \_\_\_\_\_

\_\_\_\_\_

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## LEGAL HISTORY

Have you ever been arrested?  Yes  No (If yes, list date of arrest – month/year, reason for arrest and outcome: \_\_\_\_\_  
\_\_\_\_\_

Name and phone number of your attorney: \_\_\_\_\_

Are you a listed sex offender?  Yes  No

Do you have any outstanding warrants?  Yes  No

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

Are you on parole or probation?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of probation/parole officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County/State: \_\_\_\_\_

Are you currently incarcerated?  Yes  No How many times have you been incarcerated? \_\_\_\_\_

Where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a victim of sex trafficking, or been involved in prostitution? If so please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are you affiliated with any gang?  Yes  No  If yes, explain your status of said gang:

\_\_\_\_\_

**HEALTH HISTORY (FALSIFYING MEDICAL INFORMATION IS GROUNDS FOR DISMISSAL FROM THE PROGRAM)**

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Would you say your health is :  Very Good  Good  Average  Declining  Poor

Please explain if you listed that your health is declining or poor: \_\_\_\_\_

\_\_\_\_\_

Do you have problems in any of the following areas?

Dental  Back  Neck  Orthopedic (bone)  Heart

High blood pressure  Diabetes  Asthma  Allergies

If yes to any other medical conditions, describe how it impairs your life:

\_\_\_\_\_

\_\_\_\_\_

Are you currently prescribed medications for these conditions which you are not taking?  Yes  No

If yes what medications? \_\_\_\_\_

Do you have any physical limitations that would prevent you from participating fully in the Inside Out Re-Entry Program?  Yes  No

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

Can you sleep in a bunk bed?  Yes  No

Name and phone number of your doctor: \_\_\_\_\_

Do you smoke?  Yes  No If yes, how many years? \_\_\_\_\_ Packs per day? \_\_\_\_\_

Would you be willing to quit smoking?  Yes  No

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Have you ever overdosed?  Yes  No If yes, when? \_\_\_\_\_

Do you currently or have you ever had an eating disorder? (Anorexia, bulimia, overeating)  Yes  No

Were you abused as a child?  Yes  No If yes, what type:  Physical  Sexual  Verbal

Briefly explain: \_\_\_\_\_

Is there a history of mental illness in your family?  Yes  No

Are you currently a mental health client?  Yes  No

If yes, please list your therapist's) name and location: \_\_\_\_\_

List all mental health medications you have been prescribed and are currently taking:

List any mental health medications prescribed that you are not taking and why you stopped taking them:

### **FAMILY HISTORY**

Give a brief description of your childhood home environment: \_\_\_\_\_

Father's  Step Father's Name \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Describe your relation with him: \_\_\_\_\_

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\_\_\_ Mother's \_\_\_ Step Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Describe your relationship with her: \_\_\_\_\_

How many siblings do you have: \_\_\_\_\_ What place are you in the birth order: \_\_\_\_\_

Describe your relationship with your siblings as you were growing up: \_\_\_\_\_

Give a brief description of what it was like growing up in your family: (praise, criticism, punishment, trauma, accomplishment): \_\_\_\_\_

Were you ever placed in foster care? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Did your family move a lot? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

If there are children or stepchildren in your home, describe your relationship with them:

**In the event of an emergency please list the names, address and phone numbers of 3 people**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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### FINANCIAL ASSESSMENT

A program entry of **\$100** is required to enter the program & **\$100** Per week. There are a limited number of scholarships available for those with extreme hardship situations. The fees are based on a sliding scale and no one will be denied access to the program due to a lack of funds. Financial arrangements will be discussed during the phone interview.

What is your preferred occupation? \_\_\_\_\_

When were you last employed? \_\_\_\_\_

Do you currently have an income? \_\_\_ Yes \_\_\_ No

What is your source of income? \_\_\_ Unemployed \_\_\_ Disability \_\_\_ Insurance \_\_\_ Family

\_\_\_ Trust Fund \_\_\_ SSI \_\_\_ Other: \_\_\_\_\_

List all of your financial obligations and amounts: (child support, car payment, restitution, parole/probation, etc)

\_\_\_\_\_

How will these obligations be met while you are in the program? \_\_\_\_\_

Is there anyone who would be willing to help with your expenses while you are in the program? \_\_\_ Yes \_\_\_ No

If you leave the program prior to graduation, you will need to return to your community of origin. A friend or family member will need to pick you up or someone will need to provide a bus ticket for you. You may also bring a bus ticket with you when you arrive:

Who will be responsible for this?

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ I will bring a bus ticket with me when I arrive.

### SPIRITUAL ASSESSMENT

Have you been, or are you now affiliated with any organized religion? \_\_\_ Yes \_\_\_ No If yes, what is name & type: \_\_\_\_\_

Do you currently attend services? \_\_\_ Yes \_\_\_ No

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If yes, where?

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Are you satisfied with your spiritual health? \_\_\_\_\_

Leader's Name: \_\_\_\_\_

***On a separate piece of paper, state in your own words why you need to join Inside Out Re-Entry Services and describe your commitment to change your life.***

**WAIVERS (initial each of the following)**

- I understand that Inside Out Re-Entry Services is not a detoxification facility: \_\_\_\_\_
- I understand the Inside Out Re-Entry Services is not a medical program: \_\_\_\_\_
- I understand that as part of Inside Out Re-Entry Services I will be assigned a task assignment and I waive my right to legal action against IORS and its representatives if I am hurt during that task \_\_\_\_\_
- I understand that Inside Out Re-Entry Services provides limited transportation to me while participating in the Inside Out Re-Entry Services Program and I waive my right to legal action against Inside Out Re-Entry Services (IORS) and its representatives if injured while being transported by any of the ministries vehicles. \_\_\_\_\_
- I understand that Inside Out Re-Entry Services is not a licensed treatment center and I waive my right to legal action against IORS if staff or volunteers based on any counsel I receive. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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