Adult & Teen Challenge
Mid America

Bridging Hope Transition House

Re-Entry Application

Today's Date:_____ Name:_____

Social Security #:_____

Age:_____ Birth Date:_____

Former Address:_____

City:_____ State:_____ Zip:_____

Are you an American citizen?_____

Do you have a valid Driver's License:_____ What state:_____

If not, what is required for you to obtain a valid license: _____

_____

_____

_____

In case of an emergency, notify:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:(_____)_____

Work Phone:(_____)_____

Cell Phone:(_____)_____

What Induction Center did you go through?_____

Time spent in the ATCMA Training Center?_____

Have you ever been a staff at a Teen Challenge before?_____

Do you have a vehicle?_____

Marital Status

Are you: Single_____ Engaged_____ Married_____ Divorced_____ Separated_____

If you are engaged, please give the following information.

Name:_____

Age:_____ Race:_____ Proposed wedding date:_____

Is she a Christian?_____

If you are married, please give the following information.

Name:_____

Age:_____ Race:_____ How long have you been married?_____

Is she a Christian?_____

Do you have any children?_____ List their ages and sex:_____

_____

If separated, give the location of former companion:_____

_____

Financial Information

Do you owe Child Support?_____ How much:_____

Are you required to pay: Weekly_____ Bi-Monthly_____ Monthly_____

Do you owe back Child Support?_____ How much:_____

Other financial debts/ obligations:

1. To whom:_____

How much:_____ Payment schedule:_____

_____

2. To whom:_____

How much:_____ Payment schedule:_____

_____

3. To whom:_____

How much:_____ **Payment schedule:**_____

_____

4. To whom:_____

How much:_____ **Payment schedule:**_____

_____

5. To whom:_____

How much:_____ **Payment schedule:**_____

_____

Do you collect any Social Security, Disability, or other payments from outside sources?_____ **Please explain:**_____

_____

_____

_____

Are you a veteran?_____

Do you have a High School Diploma or GED? (circle one)

Do you plan on pursuing any more education while in Re-Entry? Please explain.

_____

_____

_____

Legal Information

Do you have any cases pending:_____

What are the charges:_____

Disposition:_____

Name of Judge:_____

Court and Address:_____

_____

Court date(s):_____

How do you plan on attending court:_____

_____

Are you on probation or parole:_____

Officer's name:_____

Phone #:(_____)_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Do you have to report in writing or in person?_____

How often:_____

Arrest Record

Number of Arrests_____

List felonies if any:_____

_____

_____

_____

Medical

Do you have any medical problems:_____

_____

_____

_____

What medications are you taking:_____

_____

Do you have medical or dental insurance:_____

_____

General

Please explain what your intentions are immediately after the program. You may go home for up to 2 weeks (no longer) before coming back to Cape Girardeau. Please describe how you plan on getting to back to the Transition House.

_____

_____

_____

_____

_____