KARAT PLACE, INC.

TRANSITIONAL/SOBER LIVING HOUSING APPLICATION

Last First Middle TDOC # Institution Birth date: Birth place: Driver License?_Yes No Last Residence: City County State Next of Kin: Relationship Address: Phone No.: Address: Phone no.: Phone no.:	Name:				
Social Security No	Last	First	Middle	TDOC #	Institution
Last Residence: City County State	Birth date:	Birth place:	:		
City County State Next of Kin: Name Relationship Address: One other person who will always know how to contact you Address: City County State What are your financial obligations? List your economic resources: Marital status: Number of children: Are you in contact with spouse or significant other? HEALTH Have you ever been diagnosed for any health problems? If so, list and give treatment received. List any handicaps or health problems that would prevent you from working: ALCOHOL/DRUG HISTORY	Social Security No		D	river License?_Yes_	No
Next of Kin: Name Relationship	Last Residence:				
Address:Phone No.:		City	(County	State
Address: Phone No.: One other person who will always know how to contact you Address: Phone no.: City County State What are your financial obligations? List your economic resources: Marital status: Number of children: Are you in contact with spouse or significant other? Children? Parents/Family? HEALTH Have you ever been diagnosed for any health problems? If so, list and give treatment received List any handicaps or health problems that would prevent you from working:	Next of Kin:				_
One other person who will always know how to contact you		Name			Relationship
Address:	Address:			Phone No.:	
City County State What are your financial obligations?	One other person who	will always know how to	contact y	ou	
City County State What are your financial obligations?	Address:			Phone no.:	
List your economic resources:					
Marital status: Number of children: Are you in contact with spouse or significant other? Children? Parents/Family? HEALTH Have you ever been diagnosed for any health problems?	What are your financial	l obligations?			
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Have you ever been diagnosed for any health problems?	Marital status:		N	fumber of children:	
Have you ever been diagnosed for any health problems?	Are you in contact with	spouse or significant oth	er?	Children?	Parents/Family?
List any handicaps or health problems that would prevent you from working: ALCOHOL/DRUG HISTORY			HEALT	H	
List any handicaps or health problems that would prevent you from working: ALCOHOL/DRUG HISTORY	Have vou ever been dia	agnosed for any health pro	oblems?		
List any handicaps or health problems that would prevent you from working:					
ALCOHOL/DRUG HISTORY					
	List any handicaps or h	ealth problems that would	d prevent	you from working:_	
		ALCOHO	L/DRU	G HISTORY	
ave you ever nad an alconol or orno propiem /	Have you ever had an a				

If so, what programs have you attended of List all primary drugs that you have used	or treatments received?l in the past	
	EDUCATION	
List grade completed in school	Diploma/GED	
		Place and Date
List college, trade school, and degree:		
Years in military service:	List branch and type of discharge	
	EMPLOYMENT HISTORY	,
List name and address of last company v	where you worked	
From: To:	Why did you leave?	
Were you employed at the time of your r		
How many jobs in the last 5 years before		
What is the longest time that you ever he		
What are your future employment plans		
If you have a job plan list company name		
List your job skills:		
	_PRISON HISTORY	
Current Charges:		
Current Convictions:		
urrent Sentence: Date Incarcerated:		
Did you know the victim?	How?	
Plea or Jury Trial?		
Have you met with the Board of Parole of		
Next parole hearing: Have you ever been on parole?		
Have you ever been on parole?	Did you violate	narole?

Were you charged for a new cr	ime while on parole?		
List all prison disciplinaries:			
How long since your last discip			
Current prison job?		Prison Programs?	
List prison, volunteer, or other			
Name	Occupation	Phone Number	Years known
List the name of your counselo	r or caseworker:		
	PAST RECO		
Your age at first arrest:	Juvenile record	:	
Prior adult arrest and charges:			
Prior adult convictions:			
How many years have you spen			
Hobbies:			
Personal Goals:			

AGREEMENT

If accepted at Karat Place, Inc., I will follow the rules and regulations, and programs as outlined in the contract that I will sign. I give permission for Karat Place, Inc. to review/share any information in my file

with Tennessee Department of Corrections (TDe Inc. has a Confidentiality Policy.	OC) or any other agency. I understand that Karat Place,
Signature	
Karat Place, Inc. does not discriminate in selec religion, or disability in the provision of its serv	ting applicants on the basis of race, national origin, ices. Karat Place, Inc. is female-specific.
Mail or email completed application to:	Karat Place, Inc. P. O. Box 9092
	Memphis, TN 38190
	leakemc@karatplace.org
<u>INTERVIEWER'S</u>	S NOTES AND COMMENTS
Physical Appearance:	
Non-verbal behavior:	
NOTES:	
Interviewer's signature	Date