



## KARAT PLACE, INC. TRANSITIONAL HOUSE APPLICATION

Name \_\_\_\_\_  
Last First Middle DOC Number Institution

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
City County State

Social Security # \_\_\_\_\_ Driver License? \_\_\_\_\_

Last Residence \_\_\_\_\_  
City County State

Next of Kin \_\_\_\_\_  
Name Relationship

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

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Gender and Age(s) of Child(ren) \_\_\_\_\_

List your economic resources: \_\_\_\_\_

Are you in contact with spouse or significant other? \_\_\_ Children? \_\_\_ Parents/Family? \_\_\_

### HEALTH

Have you ever been diagnosed with 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

Have you ever had an alcohol and/or drug problem? \_\_\_\_\_ If so, what is your drug of choice? \_\_\_\_\_

List all drugs that you have used in the past. \_\_\_\_\_

What programs have you attended or treatments received? \_\_\_\_\_

### EDUCATION

Last 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 you worked for: \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Why did you leave? \_\_\_\_\_  
Were you employed at the time of your most recent arrest? \_\_\_\_\_  
What is the longest time that you have ever held the same job? \_\_\_\_\_  
What are your future employment plans? \_\_\_\_\_  
If you have a job plan, list company name and address: \_\_\_\_\_  
\_\_\_\_\_

List your job skills: \_\_\_\_\_  
\_\_\_\_\_

**PRISON HISTORY**

Current Charges: \_\_\_\_\_  
Current Convictions: \_\_\_\_\_  
Current Sentence: \_\_\_\_\_ Date Incarcerated: \_\_\_\_\_  
Did you know the victim? \_\_\_\_\_ How? \_\_\_\_\_  
Plea or Jury Trial? \_\_\_\_\_ Expiration of sentence date: \_\_\_\_\_  
Have you met with the Board of Paroles on these convictions? \_\_\_\_\_ How many times? \_\_\_\_\_  
Next parole hearing: \_\_\_\_\_ Earliest release date: \_\_\_\_\_  
Have you ever been on parole? \_\_\_\_\_ Did you violate parole? \_\_\_\_\_  
Were you charged for a new crime while on parole? \_\_\_\_\_  
List all prison disciplinaries: \_\_\_\_\_  
\_\_\_\_\_

How long since your last disciplinary? \_\_\_\_\_

Current prison job: \_\_\_\_\_ Prison programs: \_\_\_\_\_

List prison, volunteer or other community references:

| Name  | Occupation | Phone Number | Years Known |
|-------|------------|--------------|-------------|
| _____ | _____      | _____        | _____       |
| _____ | _____      | _____        | _____       |
| _____ | _____      | _____        | _____       |

List the name of your counselor or caseworker: \_\_\_\_\_

**PAST RECORD**

Your age at first arrest: \_\_\_\_\_ Juvenile record: \_\_\_\_\_

Prior adult arrests and charges: \_\_\_\_\_

Prior adult convictions: \_\_\_\_\_

How many years have you spent total in prison during your adult life? \_\_\_\_\_

Hobbies: \_\_\_\_\_

Personal Goals:

**AGREEMENT**

If accepted at Karat Place, Inc.'s transitional center, I will follow the program rules and regulations as outlined in the contract that I will sign. I give permission for Karat Place, Inc. to review any information in the files kept on me by the Department of Correction or by any other agency. I understand that this information is kept confidential by Karat Place, Inc.

\_\_\_\_\_  
Signature Date

Karat Place, Inc. is for women offenders, but does not discriminate in selecting applicants solely on the basis of race, national origin, religious conviction, disability or ability to pay in the provision of its services.

INTERVIEWER'S NOTES AND COMMENTS (if done in presence of applicant)

Physical appearance: \_\_\_\_\_

Non-verbal behavior: \_\_\_\_\_

Comfort Level: \_\_\_\_\_

Level of motivation: \_\_\_\_\_

Insight and judgment: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewer's signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to:



Karat Place, Inc.

Attn: Program Director

558 Boyd St

Memphis, TN 38126

Or

P. O. Box 9092

Memphis, TN 38190