



APPLICATION: If Currently Incarcerated

With the completion of this form, you are applying for acceptance into the National Incarceration Association's (NIA) Whole-Way Housing (WWH) program. The NIA is an independent non-profit company with no affiliations with any corrections or law-enforcement agencies. This application will never be shared beyond the expressed purpose of NIA management's confidential review, and no answers or implied details of this application will ever be used against the applicant in any way.

WWH is a newly designed shared-living experience focused on dignity and secured comfort with personal development programs to support your stability and success. If you are just looking for a temporary place to live free for a few weeks until you can make other arrangements, do not apply for our housing program.

Submitting this application is your first demonstration of a commitment to fully participate in these programs that will be researched as critical to your success. We will quickly help you find work, and our tailored programs will help you advance in your capacity to earn higher wages.

This is a drug-free and alcohol-free housing program and you must be able to pass a drug test to be approved. If your application is approved, the NIA will confirm your legal address to corrections and supervision officials as the address of one of our residential neighborhood properties.

This application can be completed by any relative or third party (surrogate), for any person who is unable to access the form themselves (currently detained or incarcerated, or other reasons). This application can also be printed and shared with any party wishing to apply or help others apply. Please fill out this form completely, writing in the words "none" or "n/a" where appropriate. It will take a bit of time (you can pause and save at any point), but feel free to be open and candid with your truthful and best answer to each question. Your answers will be verified, but kept confidential.

Applicant's Personal and Family Information

Full Public Record Name: _____

Select prefix and/or write out your chosen pronoun: _____

- Mr.
- Ms.
- Mrs.

Date of Birth: _____

GDC# or Institution ID# _____

Name and Location of Facility where you are currently detained or incarcerated:

For how long have you been incarcerated or detained there? _____

What do you currently understand is your probable release date? _____

Will you be released on any level of continued supervision? Yes _____ No _____

Explain: _____

Please provide the name, title, and contact information of the counselor or other facility staff person helping you with your release: _____

Your Race or Ethnicity: _____ Last 4 Digits of Social Security number: _____

What type of legal ID do you have, if any? _____

Do you know that you will be able to obtain identification? Yes _____ No _____

If no, why not?

- Overdue fines?
- No birth certificate?
- No social security card?
- Other? _____

Are you convicted and/or listed as a sex offender? Yes _____ No _____

Before starting this application, where were you planning to live and why? _____

Why do you feel you need help with housing? _____

If you are detained or supervised at a facility that allows you to have a phone contact number, what is that phone number: _____

Can we leave a message? Yes ____ No ____

If no, please explain why not: _____

Your Email Address: _____

What family member(s) or personal supporter(s) are you in close contact with? (Include relationship, email, and phone for each)

Who is your **Emergency Contact**, if different from above? (Name, Relationship, Email & Phone)

If not mentioned above, are either of your parents still in contact with you? _____

Any explanation? _____

Who of your siblings do you continue some contact with? _____

Any explanation? _____

In what area of what city do they live? _____

Are you a U.S. Citizen? Yes ____ No ____ Primary Language: _____

In what other languages are you fluent, if any? _____

Highest Education Grade/Level Completed: _____ GED received? Yes ____ No ____

If no, are you willing to complete your GED? Yes ____ No ____

If, no, explain why not: _____

City and Name of Last School Attended: _____

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Are you interested in continuing your education (Vocational School, Community College, 4-year College or University, Graduate School, etc.)?

Yes____ No____ Maybe____ Eventually, but not now____

Military Service:

Yes____ No ____ If yes, please check what applies:

- Active or Reserves
- Honorable Discharge
- Dishonorable Discharge
- Medical Discharge

Are you receiving any Veterans' benefits? Yes ____ No ____

If yes, for what reason? _____

If not, are you aware that there are benefits you can receive? Yes____ No____

Marital Status (please check one):

- Single
- Married
- Separated
- Divorced
- Widowed
- Unmarried with Significant Other

Number of children or dependents: _____

Number under 18 still in your legal care or custody: _____

With whom are any of these children currently living? (Explain each situation)

If you are permitted visitation with any of these children, please indicate which ones and explain the terms as you understand them:

Health and Insurance Information

Do you feel you have needed any treatment whether while incarcerated or not for:

Substance Abuse or Addiction? Yes _____ No _____

Mental Health and/or Trauma? Yes _____ No _____

Do you feel you have received adequate treatment and/or counseling while incarcerated or from any agency or organization before? Yes _____ No _____ Somewhat _____ Not Sure _____

For how long have you been sober with a clean drug screen? _____

What is your mental health diagnosis? _____

If you have used or are currently using any prescribed medication, please list them all here: _____

Are you willing to enter treatment if unable to pass a drug screen at any time?

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Yes _____ No _____ Applicant must initial here: _____

Will you commit to fully adhering to your treatment plan regarding any mental health issues?

Yes _____ No _____ Applicant must initial here: _____

Do you have health insurance? Yes _____ No _____

What provider or type of insurance? _____

How do you pay for your health insurance? _____

Are you legally disabled? Yes _____ No _____

Explain: _____

Please check all that apply to your personal need or health-related income situation:

- No Health-related Income
- TANF
- SSD/SSI
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Food Stamps/SNAP
- Other; Explain: _____

Employment and Other Living Information

Is anyone helping you arrange for employment as soon as you are released?

Yes____ No____ Not sure____

If yes, explain:_____

If no, what would help you arrange for employment prior to release?

What programs, training, or work experience have you received during your incarceration?

Do you pay/owe child support? Yes____ No____ Monthly amount? \$_____

Approximately, how far behind are you in Child Support payments?

\$_____

What type of work interests you most?_____

What do you feel are your strengths (5) and weaknesses (5)?

My Stregnths:_____

My Weaknesses: _____

How would you describe your personality, character, and preferences, or anything else about yourself that might add strength to your application? _____

In addition to what you've already answered, is there one particular positive thing about yourself that no one knows?

Please provide the name and contact number of a personal reference, a family member, or someone close to you. We will contact that person in an effort to confirm your readiness to participate in this serious stabilization program.

Name and relationship: _____

City and state of their location: _____

Their cell phone number: _____

Confidentiality and Authorization

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I understand and accept that every effort will be made to maintain medical information confidentiality and other compliance about all aspects of my applying for and participating in NIA's Whole-Way Housing program and that none of this information will be shared beyond the administration of the NIA. This understood and accepted, I hereby authorize the NIA to research any information regarding my mental health, substance abuse history, supervision status, and my overall fitness to participate in the WWH program. If my application is approved, I understand that I will be asked to agree to a set of shared living standards before my acceptance process can be considered complete.

The completed application can be submitted electronically at this website,

emailed to: michelle.boatright@joinNIA.com

or postal mailed to: NIA, 900 Old Roswell Lakes Parkway Suite 100B, Roswell, GA 30076

Applicant's PRINTED Name

Signature of NIA's Representative
Approving this Application

Applicant's Signature

Date

Title of NIA's Representative

Signature of Surrogate for Applicant

Date of this Approval