



SHIELD Ministries Re-Entry Educational Program Application

Transitioning Men Through the Devastation of Their Past to a Thriving Future

ABOUT THE PROGRAM:

The SHIELD Ministries Program is an educational re-entry and prison intervention program.

We offer certificates in each of the following classes:

- Work Ready 101
- Career Ready 102
- Financial Management
- Sustain the Change (Cognitive Behavioral Learning)
- Healing for Damaged Emotions
- Healing of Memories

A Diploma is earned by completing all the core classes. Eligible participants may enroll in CDL training after earning their diploma.

Major Program Services Include:

- Cognitive Learning for Life
- Career Planning
- Employment Preparation and Referral
- Spiritual Development
- Referrals to Other Agencies for Basic Needs Assistance
- Food
- Housing
- Sheets, Pillow, Towel, Washcloth, and Hygiene Package
- 10-Ride Bus Pass
- Assistance Signing Up for Health Insurance
- Transitional Case Management Assessments, Goal Setting and Tracking, and Referrals for Community Support

APPLICATION PROCESS:

- Applicants must complete and submit SHIELD Ministries Re-Entry Education Program Application.
- All questions must be answered. If a question does not apply, write N/A.
- If an applicant **is approved** to continue in the application process, the applicant will then be required to complete the SHIELD Ministries Post-Release Application/Agreement. If the applicant **is not approved** to continue the applicant process, then he will be notified. Please allow 48-72 hours for processing once the application has been received.
- If the applicant is approved, and once the SHIELD Ministries Program Application/Agreement is received, then an interview will be scheduled.
- After the interview is held, the participant will be notified of his application status.

Failure to complete this application in its entirety or neglect to disclose all criminal, substance abuse history, mental and physical health history, and/or probation requirements may result in disqualification or rejection of the application. If there is information you do not know, then please mark with "Unknown".

(Please Print)

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

I, _____ (Print Name) confirm that all information provided is complete and accurate.

_____/_____/_____
(Applicants Signature) (Date)

Applicant Email: _____ Cell Phone: _____

SCDC # _____ SID # _____

Those who are admitted into the SHIELD Program and are on community supervision with the SC Probation, Parole and Pardon (SC PPP) services, **may** be eligible for 30 days of program fee assistance. Upon admittance, your eligibility will be verified with SC PPP and if you are eligible, you will receive written notification and a nightly log sheet to complete each of the 30 days.



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List below the areas of your life you feel you need to change.

What do you think you need to do to make the changes?

SUPERVISED RELEASE REQUIREMENTS

Men who are on supervised release monitored by the SC Department of Probation, Parole and Pardon services and who are required to register as a sex offender, will need to seek approval from Probation to participate in the SHIELD Ministries Program due to potential address restrictions.

Please check if applicable:

Applicant did not complete this form. If applicant did not complete this form, does the applicant understand all requirements.

_____ Printed Name of Person completing application (if not applicant)

_____ Relationship or Title (if completing for someone else)

_____ Agency/Affiliation (if completing for someone else)

REFERRAL INFORMATION

How did you learn about this program? _____ Name of Person who referred you: _____

Referral Phone Number: _____ Referral Email Address: _____

Who do we notify about your application status: _____

What is their email address: _____

Give a brief statement about why you would like to be accepted into this program:

Have you applied to the SHIELD Ministries program before? Yes No

Are you a former participant? Yes No If yes, why did you leave? _____

Date of Birth: ____/____/____ **Gender** Male Female **Social Security Number #** ____-____-____

Marital Status: Married Single Divorced Domestic Partner **Number of children under the age of 18:** ____

Birth Location: City _____ State _____ County _____

Ethnic Origin: American Indian Asian Black or African American White Chicano Mexican American

Hispanic Puerto Rican Other Race (List) _____

Level of Education: High School Graduate Yes No If no, last grade level completed _____ GED Yes No

College Yes No If yes, did you graduate Yes No If yes, list degree _____

Other training programs completed: _____

MILITARY

Have you ever served in the Armed Forces Yes No If Yes, list time enrolled: Date _____ to Date _____

I am currently receiving Veterans benefits Yes No



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RELIGIOUS BACKGROUND

The SHIELD Ministries Program is a Christian faith-based, re-entry educational program which helps men address all the barriers of a successful re-entry program. Acceptance is not based on religious preference. However, participants accepted in the SHIELD Ministries Program ARE REQUIRED to attend and actively participate in ALL assigned classes and special events.

What is your religious background _____

Which religion/denomination do you most identify which _____

Are you a current member of a church or religious organization Yes No

If yes, Church Name _____ Address _____

Pastor's Name _____ Phone # _____

If incarcerated, do you participate in Chapel activities Yes No If yes, please describe:

CRIMINAL BACKGROUND

This section MUST be filled out. Failure to do so may result in rejection of application.

I understand that by signing and submitting this application I authorize SHIELD Ministries and its authorized vendor to run public criminal background checks. These background checks may be run before, during, and after my exit to the program to establish program recidivism rates only and for no other purpose than to calculate composite rates.

Are you currently incarcerated Yes No If yes, name of Institution: _____

Are you currently enrolled in any of the following programs MIT JumpStart FreshStart No

If so, will you complete the program specified above before your release date Yes No

Have you already completed any of the following programs while in prison MIT JumpStart FreshStart No

Are you, or have you, applied to any other post-release programs for when you exit prison Yes No If yes, please list the program(s): _____

Will you be released on probation/parole/community supervision Yes No Not Yet Determined

Parole Date ____/____/____ If on probation/parole/community supervision, when will your supervision end ____/____/____

Parole/Probation Officers Name: _____ Phone # _____

What, if any, are your probation/parole/community supervision curfew times: _____

Max Out Date ____/____/____ Do you have any Pending Criminal Charges Yes No If yes, please list: _____

Attorney Name: _____ Phone # _____

Bondsman: _____ Phone # _____

How many prison/jail disciplinary actions have you had while incarcerated: _____

List the disciplinary actions and date of each disciplinary action you have had while incarcerated.

List all achievements, classes and certificates awarded while in prison:

Have you ever been affiliated with a gang while in prison or out of prison Yes No

Are you or will you be required to register as a Sex Offender Yes No



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Have you been court ordered to take sex offender treatment counseling Yes No

If yes, have you already enrolled in sex offender behavioral counseling Yes No

Are you or will you be on an ankle monitor Yes No

How many times have you been arrested in the United States: _____ List all previous convictions in the United States (include each state): _____

Have you been in a character dorm while incarcerated Yes No

Have you ever been expelled from a character dorm while incarcerated Yes No If yes, please list the reason(s) and number of times expelled: _____

SUBSTANCE ABUSE HISTORY

Have you been dependent on substances or alcohol in the past: Substances Alcohol Both

List all your past drug(s) of choice: _____

How often did you use your past drug(s) of choice: _____

What was your level of dependence on your previous drug of choice: Low Dependence Moderate Dependence Addiction

Is there any history of substance abuse or current substance and/or alcohol dependence in your family Yes No

If yes, please explain _____

Have you participated in a substance abuse rehabilitation program Yes No

If yes, how many times have you been admitted to a substance abuse rehabilitation program _____

How many inpatient programs have you completed _____ How many outpatient programs have you completed _____

What was your longest stay in a substance abuse rehabilitation program _____

Have you ever relapsed into substance use behavior Yes No

If yes, what is the date of your most recent return to substance use: ____/____/____ What is the reason for return to use: _____

Are you currently dependent on any substances or alcohol Yes No

If yes, please explain _____

List your current drug(s) of choice: _____

How often do you use your current drug(s) of choice Only a few times 1-3 times per month 1-5 times per week Daily

What was the date of your last use: ____/____/____ Are you currently receiving treatment Yes No

If yes, please list the following below: Type of Treatment, Treatment Facility, Location, Contact, and Duration of Treatment

Are you currently taking any prescribed medications for substance dependence Yes No

If yes, please list the type and dosage _____ What has been your longest clean time _____

Has your substance dependence been linked to any criminal history Yes No

If yes, please specify _____

Could you pass a drug test right now Yes No

If accepted, would you be able to pass a drug test on the day you enter the program Yes No



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MEDICAL INFORMATION RELEASE AND CONSENT FORM

(Please Print)

First Name: _____ Middle Name: _____ Last Name: _____

Are you able to climb stairs Yes No

Please be advised that SHIELD Ministries does NOT provide ANY medical services, including administering medications, and does not provide transportation to doctors nor guarantees transportation for mental health appointments. Participants are required to be able to understand and take their own medicines as prescribed, without assistance.

Physician's Name: _____ Physician's Phone Number: _____

Insurance Company: _____ Policy Number: _____

I have the following allergies: _____

I have no allergies.

I have the following current or past health issues which may leave me unconscious: _____

I have no current or past health issues, such as seizure or diabetic conditions, which may leave me unconscious.

I have the following medical/physical conditions: _____

I have no medical/physical condition.

Have you ever been diagnosed with or prescribed medication for any of the following? Check all that apply.

- | | | | |
|---|---|-----------------------------------|--|
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Manic Depression | <input type="checkbox"/> Paranoia | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Bi-Polar | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anti-social Behavior | <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Trauma | <input type="checkbox"/> Borderline Personality Disorder |

Other(s), please list: _____

I have not been diagnosed with or prescribed medication for any mental health disorder.

Current Medications

Please note that upon admittance, applicants must have a 30-day supply of any medication that has been prescribed for mental health issues.

I am currently taking the following medication(s) for a medical or mental health condition: _____

I have no medications that I am currently taking for a medical or mental health condition.

Previously Prescribed Medications

If required, you may be asked to provide a doctor's release if you are no longer taking mental health prescriptions or have a mental health evaluation scheduled.

I have taken the following prescribed medication(s) in the past for a medical or mental health condition: _____

I have not previously been prescribed any medication(s) for a medical or mental health condition.

(Applicant Signature)

_____/_____/_____
(Date)



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APPLICANT ID (Please check all that apply)

- I have a valid driver's license in my possession. If Yes, State _____ DLN # _____
- I have a valid State ID in my possession. If Yes, State _____ ID # _____
- I have a valid moped license. If Yes, State _____ ID# _____
- I have in my possession my social security card.
- I have in my possession a certified copy of my birth certificate.
- I have applied for food stamps I am currently receiving food stamps

EMERGENCY CONTACT INFORMATION (In the event of an emergency, participants are required to call 911 for assistance)

Emergency Contact #1:

Name: _____ Relationship to You: _____
 Phone # _____ Street Address _____ City _____
 State _____ Zip Code _____ Additional phone _____ Email _____

Emergency Contact #2:

Name: _____ Relationship to You: _____
 Phone # _____ Street Address _____ City _____
 State _____ Zip Code _____ Additional phone _____ Email _____

Emergency Contact #3:

Name: _____ Relationship to You: _____
 Phone # _____ Street Address _____ City _____
 State _____ Zip Code _____ Additional phone _____ Email _____

EMPLOYMENT/INCOME INFORMATION

Current Employer _____ Supervisor Name _____ Phone _____

Job Title: _____ Job Start Date: ____/____/____

Have you applied for disability Yes No If yes, when did you apply ____/____/____

Have you received disability income in the past Yes No If yes, how long ago did you receive it _____

If disability was discontinued, please state why: _____

Do you receive disability income Yes No If yes, how much do you receive each month \$ _____

Do you receive retirement income Yes No If yes, how much do you receive each month \$ _____

You will be required to provide paystubs each week. SHIELD Ministries reserves the right to contact and verify your employment, pay, work schedule, and attendance.

If unemployed, how do you anticipate paying for the \$175 per week in Program Fees _____

Anticipated release date: ____/____/____

 (Applicant Signature) _____ / ____/____
 (Date)