**ACCOMPANYING RETURNING CITIZENS WITH HOPE (ARCH)**

**APPLICATION** *Prerelease information in italics. Please fill out as relevant*

*ARCH is a program primarily led by community volunteers and formerly incarcerated individuals ARCH provides accompaniment support to help link returning citizens t local community resources and employment/job training as we are able.*

First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Name & Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inmate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release City / County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Unit Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Do you have family / friends meeting you at the time of your release / at the gate? Y / N / Unsure*

*Do you have a place to live upon immediate release? Y/ N*

*Mailing address (if halfway house, please list as well): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Post Release Contact Person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Do you have family members or friends that you expect to continue helping you with reentry (yes/no) What kinds of help do you expect to receive from family members? (describe below)

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**Please check areas you would like assistance:**

**Spiritual: ☐** Finding a Church ☐ Spiritual Support ☐ Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been involved in any faith based programs or ministries inside the institution? Please explain.

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**Employment:** ☐ Finding Employment ☐ Resume Writing ☐ Interviewing Skills ☐ Clothes for Interview

What kind of work history or work skills do you have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** ☐ GED ☐ Vocational Training ☐ College ☐ Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital/Family:** ☐ Counseling ☐ Childcare ☐ Child Support ☐ Parenting Classes ☐ Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Needs:** ☐Mental Health Referral ☐ Substance Abuse Counseling ☐ Residential Treatment ☐ Other (Explain)

Did you attend any classes on substance use/addiction while incarcerated? Y/ N

**Legal Issues:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation/Identification:** ☐State ID ☐ Driver’s License ☐ Transportation ☐ Bus Tickets

**Personal Items:** ☐Clothing ☐ Personal Hygiene Items ☐ Food

**Budgeting/Money Management:** ☐Yes ☐ No

Is there anything else you would like us to know?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AUTHORIZATION FOR SHARING INFORMATION**

I authorize ARCH members to exchange, give, receive, share or disclose information in their records, from whatever source derived, and related to my participation.

**I understand the following:**

1. The purpose of this information sharing is to improve communication between circle ARCH members and me so that proper suggested services and referrals can be given.
2. I may revoke this Authorization at any time during the duration of this agreement.
3. Only members of ARCH will use information disclosed. However, I understand that disclosure of information in ARCH meetings/sessions can and will be used in monitoring compliance with sobriety and release conditions agreed to or ordered by affiliate agencies or authorities. I further understand that affiliate agencies or authorities have the right to adjust services or provide sanctions in response to information disclosed at the ARCH meetings and assessments sessions.
4. Future crimes or threats to commit crimeS are not protected under this authorization.
5. Suspicion of child abuse or neglect is not protected.

**Signature of Participant Date**

***Note: If you are currently incarcerated your application will remain on file until you contact us closer to your release date. Within 30 days of your release, please have your Unit/Case Manager send us an email or you can send by mail. You may also contact us after your release to let us know you are out and would like assistance.***

***If you are already in the community, we will have a member of ARCH follow up with you soon!***

*Please email or mail this form back to:*

*ARCH Ministry*

*C/O Catholic Diocese of Columbus, Office for Social Concerns*

*197 E. Gay St. Columbus, OH 43215*

*arch@svdpcolumbus.org*