



Living Water Ministry Network
 PO Box 8227
 Kentwood MI 49518

Ministry Home Application for Housing / Residency

Print all answers! Use back of sheets or additional paper, if necessary.

Last Name: _____ First Name: _____ Today's Date: _____ Date of Birth: _____

Place of Birth: _____ MDOC ID# _____
 (City, State, County)

Current place of incarceration: _____

Has your parole been approved? _____ Yes _____ No Estimated Release Date (ERD): _____

OR: Are you currently on Parole? _____ Probation? _____

Parole/Probation Officer: _____ Phone #: _____

Person to Notify in Case of Emergency: _____ Relationship: _____ Phone Number: _____

Address: _____
 (Street) (City) (State) (Zip)

Reason for applying for residency: _____

Employment History: _____

Highest Level of Education: _____

Other Special Training/Schooling: _____

Military Service:

 (Dates) (Branch) (Type of Discharge)

Marital Status: _____ Wife's Name: _____ Number of Children: _____

Child Support: Yes No Amount: \$ _____ per week OR \$ _____ per month Amount past due: \$ _____

Are you planning to apply for Government Assistance? Yes No

What kind? _____
 (SSI, Medicaid, ADC, Food Stamps, etc.)

Describe arrests, dates, offenses, disposition of the case, convictions, sentences, etc. _____



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List Current Warrants: _____

List Current Assets: _____

List Current Debts: _____

Health Information

All information on this form should be PRINTED! Use additional paper for your answers if necessary.

Date of last physical (either with your physician or in prison): _____

Previous Illnesses (include Dates):

Previous Surgeries (include Dates):

Current Medications:

Medication Allergies:

Medications used in the past (include dates):

Substance Abuse History: Do you now smoke? Yes / No Have you ever smoked? Yes / No When: _____
 (circle) (circle) (dates)

Do you currently have an alcohol addiction problem? Yes / No Have you had an alcohol problem in the past? Yes / No
 (circle) (circle)

Do you currently have a drug addiction problem? Yes / No Have you had a problem with drugs in the past? Yes / No
 (circle) (circle)

If "yes" to any of the above questions, please give details (dates, kinds of drugs, etc.):

Height: _____ Weight: _____ Glasses?: _____ Contacts? _____

Health History: If "yes" to any condition, give explanation (use back of the sheet or additional sheets, if necessary):
 (Circle Yes or No to the following questions)

- Vision and/or Hearing Problems? Yes / No _____
- Dental Problems? Yes / No _____



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- Breathing Problems? Yes / No _____
- Heart Problems? Yes / No _____
- Stomach/Problems? Yes / No _____
- Prostate/Bladder problems? Yes / No _____
- Skin problems? Yes / No _____
-
- Mental Health Problems? Yes / No _____
- Any Pain? Yes / No _____
- Any physical limitations? Yes / No _____

List your religious activities (Keryx #, location, if applicable) and Bible Studies while in Prison: _____
(Facility, City, State)

Please answer these VERY important questions: Use the back of these sheets or additional paper to write your answers.

1. Describe your personal and family history (family life, places you have lived, friends, hobbies, etc.) What is your relationship with your family at the present time?



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2. Are you a person of faith? If so, write a personal testimony about your relationship with Jesus Christ.

3. What is your parole plan? How do you plan to accomplish it?



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References (other than family members)

1. Name: _____ Relationship: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

2. Name: _____ Relationship: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

Do you have family members who will work with you on the outside? Yes No

Name: _____ Relationship: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

Applicant acknowledges any rights that are provided by the State of Michigan, or any other local laws relating to the time of stay at LWMN's Ministry Homes, have been pre-empted by the Notice of Final Guideline for Transitional Housing Demonstration Programs published in the Federal Registry on June 9, 1997, Section E4 (1).

I, the undersigned, do hereby certify that the information given above is, to the best of my knowledge, true, complete, and accurate. It is understood that giving false information is grounds for rejection or dismissal from residency with LWMN.

I, the undersigned, understand that I may be subject to immediate removal from the program if any of the LWMN Policies are violated.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____