



Living Water Ministry Network
 PO Box 8227
 Kentwood, MI 49518

Ministry Home Application for Residential Program

Print all answers, use back of sheets or additional paper as necessary, complete all questions if applicable.

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

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

Current place of incarceration _____

Has your parole been approved? _____ Estimated Release Date _____

Parole Officer Name if applicable _____ Phone # _____

Reason for applying for LWMN Residency Program _____

Employment History _____

Highest Level of Education _____

Other Special Training/Schooling _____

Military Service if applicable

(Dates) _____	(Branch) _____	(Type of discharge) _____
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Marital status _____ Wife's or Ex-Wife's Name is applicable _____

of Children _____ Child support? Yes No Amount per month \$ _____ Amt. past due \$ _____

Are you planning to apply for Government Assistance? Yes No If Yes, what kind? _____
 (ADC, Food Stamps, Medicaid, SSI)

Describe your sentences and dates _____

List Current Warrants _____

List Current Assets _____

List Current Debts _____

Health Information

Date of last physical _____

Previous Illnesses (include dates) _____

Previous Surgeries (include dates) _____

Current Medications _____

Medication Allergies _____

Medications (current or past, include dates) _____

Substance abuse history: Do you now smoke? Yes / No Have you ever smoked? Yes / No When? _____
(dates)

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

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

If "Yes" to any of the alcohol or drug questions, please give details (dates, kinds of drugs, etc.) _____

Height _____ Weight _____ Glasses? _____ Contacts? _____

Health history: if "yes" to any condition below then please provide details

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

Please answer these VERY important questions in detail. Use the back of these sheets or additional paper to write your answers as needed.

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?

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

3. If applicable, list your religious activities (church, Keryx, correspondence bible studies, facilitated bible studies in person, self-led bible studies, etc.) Be sure to list the activity, the facility you were in, and who sponsored the activity.

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

References (other than family)

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 If "yes" list one below.

. Name _____ Relationship: _____ Phone # _____
Address _____
(Street) (City) (State) (Zip)

In case of emergency, who should we contact?

. Name _____ Relationship: _____ Phone # _____
Address _____
(Street) (City) (State) (Zip)

Inside Contacts: Please give the names of your counselor, resident unit manager, and a CO who sees you regularly.

Counselor _____

RUM _____

CO _____

Tickets in the last 5 years: Please list your tickets in the last 5 years including the approximate date, the offense, and any details about the ticket important for our committee to be aware of.

Parole Preparation: How have you invested your time on the inside to prepare for your release. List all core and non-core classes you have completed as well as other learning you have done to better yourself for eventual release.

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, 199, 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 the 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.

Applicants Signature _____ Date _____

Applicants Printed Name _____