

**You Must Include  
Your Personal Testimony  
With this Application !!**



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With this Application !!**

P. O. Box 22564, Oklahoma City, OK 73123

### Confidential Ministry Application

Date: \_\_\_\_\_

ODOC #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Parole Application Date: \_\_\_\_\_

Projected Release Date: \_\_\_\_\_ Check one:  Parole  Probation  Discharged

#### Personal History:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of institution(s) where you are/were incarcerated: \_\_\_\_\_

DOC Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOC Personal References: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason(s) for Incarceration(s): \_\_\_\_\_

If more space is needed, please provide information on back.

Have you had any misconducts? Yes  No  How many? Why? When? \_\_\_\_\_

for more space is needed, please provide information on back

Current marital status: Single  Married  Separated  Divorced

If you are in a relationship, describe it: Excellent  Good  Fair  Poor  None

How many children do you have? \_\_\_\_\_

Children's Name:

Age:

Gender:

_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>

Who is caring for your children and what is their address? \_\_\_\_\_

Did you receive child support prior to incarceration? Yes  No

Do any of your children have problems in any of the following areas?

_____ Behavioral	_____ Mental Health	_____ Emotional	_____ Alcohol
_____ Drugs	_____ Physical	_____ Educational	_____ Other

What were your usual living arrangements prior to incarceration? (House/Apartment/Shelter)

\_\_\_\_\_

Last address: \_\_\_\_\_

Who did you live with and what was your relationship? \_\_\_\_\_

Father's Name:

Relationship:

_____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
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Mother's Name:

Relationship:

_____	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
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Sibling's Name:

Age

Gender

Relationship

_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>
_____	_____	M <input type="checkbox"/>	F <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	None <input type="checkbox"/>

Military Experience: Branch of Service \_\_\_\_\_ How Long? \_\_\_\_\_

Type of discharge: Honorable  General  Dishonorable

Religious Affiliation: \_\_\_\_\_

Which faith-based/religious programs have you participated (mark all that apply/list others in blanks)?

Genesis One How long? \_\_\_  Mentoring How long? \_\_\_  Bible Studies How long? \_\_\_

Church Services How long? \_\_\_  \_\_\_\_\_ How long? \_\_\_  \_\_\_\_\_ How long? \_\_\_

Things you like about yourself/abilities you have: \_\_\_\_\_

Personal areas you would like to improve in: \_\_\_\_\_

What types of recreation or hobbies do you enjoy? \_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_ Schools completed: Middle School  High School  GED

Vo-Tech  What Programs? \_\_\_\_\_

College  Major: \_\_\_\_\_ - \_\_\_\_\_ Number of credit hours: \_\_\_\_\_ - \_\_\_\_\_

What special training have you completed? \_\_\_\_\_

Did you have any difficulties with school? \_\_\_\_\_

**Employment:**

Occupation while incarcerated: \_\_\_\_\_

Last employer and dates of employment prior to incarceration: \_\_\_\_\_

Type of work you usually perform: \_\_\_\_\_

Special skills or trade: \_\_\_\_\_

Jobs you have enjoyed and why? \_\_\_\_\_

**Medical History:**

Do you now have or have you ever had:

Hearing problems?

Yes  No

Heart palpitations?

Yes  No

Not able to move a part of your body?

Yes  No

Fatigue?

Yes  No

Pains in your chest?

Yes  No

Severe headaches?

Yes  No

Hands, feet or ankles that swell up?

Yes  No

Goiter, thyroid problem?

Yes  No

Kidney trouble, difficulty urinating?

Yes  No

Abnormal thirst or hunger? Yes  No

Decreased interest in sexual activity?

Yes  No

Stomach trouble or ulcers? Yes  No

Trouble with constipation or diarrhea?

Yes  No

Sleeping problems?

Yes  No

Any recent change in appetite or eating habits?

Yes  No

Liver disease, skin or eyes turn yellow? Yes  No

Eye problems, need glasses, increased pressure in eyes?

Yes  No

Fainting spells, blackouts, falling, dizzy spells? Yes  No

If yes to any of the above, have you ever had a physical diagnosis? Yes  No

If yes, what was the diagnosis? \_\_\_\_\_

Have you ever been hospitalized? Yes  No  If yes:

Date                      Where                      Reason

\_\_\_\_\_

If more space is needed, please provide information on back.

Surgeries? Yes  No  Date(s)/Type(s): \_\_\_\_\_

\_\_\_\_\_

Do you have any chronic medical problems? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Please list prescribed medications you are currently taking.

Medication Name                      Dosage                      How Long                      Reason                      Side Effects

\_\_\_\_\_

\_\_\_\_\_

If more space is needed, please provide information on back.

**Mental Health History:**

Have you ever been treated for an emotional/mental health problem? Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Physician or Counselor: \_\_\_\_\_

Affect/Mood – Describe your experience: Check all that currently apply

Mood Swings  Depression  Grief  Anger  Numbness  Sadness  Very anxiousness

Low Energy  Don't care about anything  Euphoria  Overwhelmed

Unable to cope with emotions

Have you ever experienced any of the following? Check all that apply

Depression Past 30 days  Reoccurring  Serious  Moderate  Mild

Anxiety Past 30 days  Reoccurring  Serious  Moderate  Mild

Hallucination (excluding drugs) Past 30 days  Reoccurring  Serious  Moderate  Mild

Trouble understanding Past 30 days  Reoccurring  Serious  Moderate  Mild

Trouble concentrating/remembering Past 30 days  Reoccurring  Serious  Moderate  Mild

Trouble controlling violent behavior (including periods of rage or violence) Past 30 days  Reoccurring  Serious  Moderate  Mild

Thoughts of suicide Past 30 days  Reoccurring  Serious  Moderate  Mild

Attempted suicide Past 30 days  Reoccurring  Serious  Moderate  Mild

If marked attempted suicide: When? \_\_\_\_\_ Where? \_\_\_\_\_

Method: \_\_\_\_\_ Drugs involved? Yes  No

Has medication ever been prescribed for any psychological/emotional problem? Yes  No  If yes:

Medication Name	Dosage	How Long	Reason	Side Effects
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more space is needed, please provide information on back.

Do you plan to smoke when released: Check One Yes  No

**Domestic Violence/Sexual Assault:**

- Have you ever had feelings of uncontrollable rage? Yes  No
- Have you had any thoughts about harming others? Yes  No
- Have you ever had trouble controlling your impulses? Yes  No
- As an adult, have you been involved in fights? Yes  No
- Have you ever been arrested for fighting or for any other violent behavior? Yes  No
- Have you ever been accused of a sexual crime? Yes  No
- Have you ever been accused of domestic violence? Yes  No
- Have you ever had a Victim's Protective Order against you? Yes  No

If you answered yes to any of the above questions, complete the following:

What was the effect on the victim? \_\_\_\_\_

What happened to you as a result of this act? \_\_\_\_\_

Were you arrested? Yes  No  If yes, how much time did you serve? \_\_\_\_\_

**Victim of Domestic Violence/Sexual Assault:**

- Have you ever been a victim of uncontrollable rage? Yes  No
- Have you ever been threatened/attacked/afraid for your safety/life? Yes  No
- Did you grow up in a home with chronic problems? Yes  No
- Have you ever been a victim of rape or a sexual offense? Yes  No
- Have you ever been a victim of domestic violence? Yes  No
- Verbal  Emotional  Physical
- Have you experienced chronic and extreme intimidation/control? Yes  No
- Have you ever placed a Victim's Protective Order against someone? Yes  No

If you answered yes to any of the above questions, complete the following:

What happened to the offender? \_\_\_\_\_

How has this impacted your life? \_\_\_\_\_

**Legal Criminal Record:**

At what age were you first arrested? \_\_\_\_\_ Reason: \_\_\_\_\_

How many times in your life have you been arrested and charged with following offenses?

	No. of Arrests	Date(s)
Public Drunkenness	_____	_____
DUI	_____	_____
DWI	_____	_____
APC	_____	_____
DUS	_____	_____
Shoplifting/Vandalism/Theft	_____	_____
Parole/Probation Violation	_____	_____
Drug Charges	_____	_____
Weapons Offense	_____	_____
Larceny	_____	_____
Burglary	_____	_____
Breaking and Entering	_____	_____
Robbery	_____	_____
Assault	_____	_____
Arson	_____	_____
Rape/Sex Related Crimes	_____	_____
Homicide/Manslaughter	_____	_____
Prostitution	_____	_____
Contempt of Court	_____	_____
Disorderly Conduct/Vagrancy	_____	_____
Major Driving Violations	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you engaged in illegal activities for profit? Yes  No

Provide an explanation of legal problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substance or Behavior Abuse History:**

Provide a history of using/abusing the following:

	Age First Began	Age of Last Use or Still Using	Frequency
Alcohol	_____	_____	_____
Alcohol to intoxication	_____	_____	_____
Heroin	_____	_____	_____
Methadone	_____	_____	_____
Painkillers	_____	_____	_____
Sleeping Pills	_____	_____	_____
Valium, Librium, Zanax	_____	_____	_____
Cocaine/Crack	_____	_____	_____
Crank/Methamphetamine	_____	_____	_____
THC (Marijuana)	_____	_____	_____
Hallucinogens	_____	_____	_____
Inhalants	_____	_____	_____
PCP	_____	_____	_____
Prescription Meds	_____	_____	_____
Gambling	_____	_____	_____
Sex/Pornography	_____	_____	_____
Food Issues	_____	_____	_____
Self inflicted harm/Cutting	_____	_____	_____
More than 1 at a time	_____	_____	_____
Other Substances	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drug of choice? \_\_\_\_\_

Have you ever experienced DT's? Yes  No  Drug overdose? Yes  No

Have you ever been treated for any of the above substance or behavior abuses? Yes  No  If yes:

1. When? \_\_\_\_\_ Where? \_\_\_\_\_

Did you complete the program? \_\_\_\_\_ Length of treatment: \_\_\_\_\_

2. When? \_\_\_\_\_ Where? \_\_\_\_\_

Did you complete the program? \_\_\_\_\_ Length of treatment: \_\_\_\_\_

If more space is needed, please provide information on back.

Are you currently attending a 12 step program? Yes  No  If yes:

When did you start in the program? \_\_\_\_\_ How often do you attend? \_\_\_\_\_

If you are free from your addiction, how long have you been free? \_\_\_\_\_

**Program Participation:**

What programs have you completed while incarcerated?

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What do you see as your greatest accomplishment while incarcerated? \_\_\_\_\_

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Do you receive financial support? Yes  No  If yes, from whom? \_\_\_\_\_

Do you know if the support will continue upon release? Yes  No

Who has been the most positive influence in your life? \_\_\_\_\_

Who has been the most negative influence in your life? \_\_\_\_\_

What and/or who are you willing to give up and leave behind, either temporarily or permanently, to begin a new and healthy lifestyle? \_\_\_\_\_

What are your realistic goals for the future and what are the steps you are willing to take to meet them?

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What do you see as your greatest needs upon release? \_\_\_\_\_

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Is there a question you would like to ask of Living Hope Women's Ministry? \_\_\_\_\_

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**IMPORTANT:** Please write your personal testimony on a separate sheet of paper and submit it with this application. Include in it: What does God mean to you? Who is Jesus? How would you describe your relationship with God.

By completing, initialing each page and signing this application, I declare that the information given on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## OUR PROGRAM

Living Hope Women's Ministry "Living Hope" is a non-profit organization that was founded for the purpose of helping women who have been recently released from prison. Women who are accepted into the ministry must demonstrate a strong desire to grow in their relationship with Jesus Christ and make healthy choices, which will allow them to live productive lives.

Upon discharge from prison, the Living Hope participant is met at the gate and the process begins of supporting her through her first year after release. An individualized "life plan" is written and implemented for her spiritual, physical and emotional growth. This includes, but not be limited to, securing affordable housing in a Christian environment, transportation to her parole officer, making payment plan arrangements for court fees and restitution costs, obtaining necessary ID's, job and/or educational training, resume building, job searches, and training in financial matters, including budgeting and debt reduction. The participant receives medical and psychological assessments and addiction issues are addressed. Programs and counseling to assist in overcoming and living free from past struggles is essential. Living Hope provides transportation to appointments, work, and required programs.

An intimate relationship with Jesus Christ is the only way to find hope and victory in overcoming the issues of the past and maturing to make positive choices for tomorrow. Church attendance, Bible study, and daily time in the Word and prayer are imperative for inner transformation. Living Hope provides the structure, accountability, support and mentoring that is needed to find "living hope".

## **Living Hope Women's Ministry Partial List of Guidelines**

Living Hope Women's Ministry is Christ-centered ministry that works with women who are completely committed to making changes in their lives that will allow them to build "new lives beyond prison walls". One of Living Hope's purposes is to mentor women in their relationship with Jesus Christ and to help them make godly choices. Living Hope's goal is to provide the tools and support needed to help the women accepted into the ministry become all they have been created to be and to help them reach set goals.

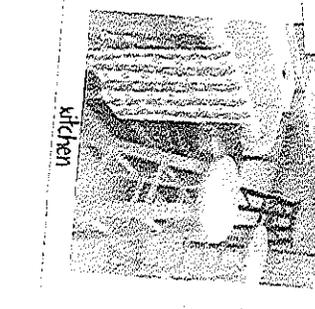
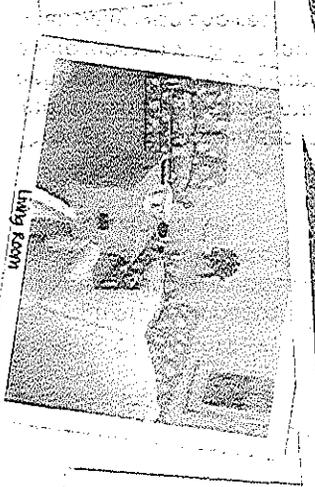
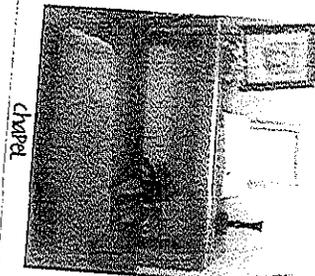
Set out below are a few of the guidelines of Living Hope participants:

- All participants attend weekly church and Bible studies.
- Use of or possession of alcohol or illegal drugs, both on the premises of the residence or off the premises, is not tolerated and will result in eviction.
- Random drug/alcohol tests may be administered.
- Because Celebrate Recovery is a ministry, it is the 12- Step Program approved for Living Hope.
- Participants are assisted in finding daytime employment. Full time, daytime employment must be maintained unless otherwise approved by the director. Transportation is available.
- Paychecks are deposited in the Living Hope trust account in the participant's name until it is determined she is capable of handling her financial matters. During this time all participant bills are submitted to Living Hope who then pays them from the participant's trust account. Participants are assisted in setting financial goals and in budgeting.
- Only females are allowed in the personal living quarters.
- Boyfriend relationships are not allowed. The focus is on spiritual and personal growth.
- Reunification with children is important. Children are allowed to visit the residence but not permitted to live at the residence.
- Curfews
- Weekly house chores

An application may be requested by writing to Living Hope Women's Ministry  
PO Box 22564  
OKC, OK 73123

2/26/12

*We are now a non-smoking facility!*



HOME

A Place to Call

CONTACT INFORMATION

Living Hope  
Women's Ministry  
P.O. Box 22564  
Oklahoma City, OK  
73123

EXECUTIVE DIRECTOR:  
Janet Sherry

PHONE:  
405.535.8328

EMAIL:  
[lhwministry@yahoo.com](mailto:lhwministry@yahoo.com)

WEBSITE:  
[livinghopeok.org](http://livinghopeok.org)



Living Hope



"For I know the plans I have for you,"  
declares the Lord, "Plans to prosper you..."

## OUR PURPOSE—

As followers of Christ, our aim is to provide spiritual, physical, mental, and emotional assistance and support to highly motivated women as they transition into society, thus enabling them to mature spiritually and live productive lives in the community.

### MENTAL DEVELOPMENT:

Through professional counseling and mentoring, we endeavor to provide guidance through the new life experiences.

### ECONOMIC ENCOURAGEMENT:

Through assistance in securing employment and training in financial matters (budgeting, debt reduction, establishing savings) we equip women with the tools to make financially wise choices.

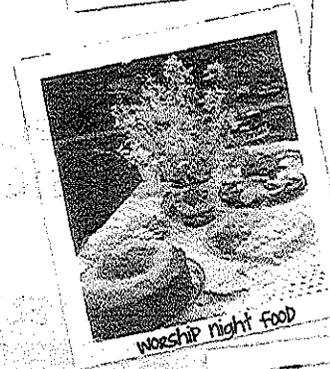
**A SPIRITUAL FRAMEWORK:** An intimate relationship with Jesus Christ is the only way to find hope and victory in overcoming the issues of the past and maturing to make positive choices for tomorrow. Church attendance, Bible study, daily time in the Word and prayer are imperative for inner transformation. Living Hope provides the structure, accountability, support and mentoring that is needed to find "living hope."

## OUR MISSION—

Living Hope Women's Ministry is a Christ-centered women's prison after-care ministry that equips and mentors women so they may develop a mature walk with Christ. We believe a faith walk with Jesus is the way to have victory over the past. Through a daily surrender to God, they will have the strength and wisdom to make positive, godly choices.

*Living Hope is dependent on the Lord to supply all its needs and is solely supported by donations. Living Hope is a 501(c)3 non-profit organization. Contributions are tax deductible to the extent allowed by law.*

## Living Hope Happenings



"...and not harm you."