Men of Valor Aftercare/Re-entry Program Application

Things to Consider Before Applying

- Because of programming conflicts, men who are on Community Corrections cannot participate in the Men of Valor Aftercare program.

- Cell phones, personal televisions, electronic devices or computers are not allowed during the first six months of programming.

- Men of Valor has a “no tobacco” policy for all on and offsite programming functions including passes (this includes all tobacco products and vapor cigarettes) – use of these products is grounds for dismissal.

- Vehicles are not allowed for the first six months - including but not limited to cars, trucks, vans, motorcycles, powered bicycles, etc.

- Social media or access to any form of online, electronic communications through the Internet is not allowed during the first six months of residency.

- Psychiatric medications and narcotic medications are not allowed (this includes anything with hydrocodone and depression medications. NO exceptions).

- Contact during the first 30 days of programming will be limited to MOV staff, your probation/parole officers, lawyer, bondsman, and other Men of Valor program participants.

- After 30 days, you may have contact with immediate family only (mom, dad, wife, and children) while in the program. This means no contact with friends (male or female) or fiancés. Common-law marriages are not recognized by Men of Valor.
• We are not a medical facility – all special needs must be pre-approved prior to admittance.

• All court ordered classes (transportation and fees) are the sole responsibility of the participant and cannot be completed during regular program hours Monday, Wednesday, and Friday. Parole and Probation meetings are acceptable and Men of Valor will help facilitate these.

• The discipline policy is thorough and is enforced case by case depending on the residents infraction(s).

• No applicants currently receiving disability benefits or planning to apply for or reinstate disability benefits upon release.

• Unfortunately, we are not able to house sex offenders in our Aftercare Program at this time.

Contact/Penonal and Family Information

Name: ______________________________ Date: __________________
TOMIS#: ________________________________
Race: ________________________ Sex: ______________________
Age: __________ Date of Birth: ________________________
Birth Place: ________________________________
Height: _______ Weight: _______ Eye Color: __________
Address Where You Are Currently Residing:
Address: _____________________________________________
City: __________________ State: ______ Zip: __________

If you currently receive visits, list visitor's names, contact information and relationship to each.
Name: ________________________ Relationship: __________
Telephone: ____________________ Email: __________________
Address: __________________________
City: ______________________ State: ______ Zip: __________
Note: Do you realize all communications and relationships with persons of the opposite sex, other than family, must be set-aside during your time of training and discipleship? This includes girlfriends, common law marriages, children’s mothers, etc. All communication, written, in person, phone will be restricted to family, attorneys and legal.

Marital Status: (Circle One): Single Divorced Married Engaged

If divorced, married, or engaged provide name, contact information and status of relationship.
Name: ____________________________________________
Address: _____________________________________________________________________________
City: __________________________ State: ___________ Zip: _______________

If you have children, please specify the name, sex, age, date of birth, and contact information of the relative/parent or custodial parent(s)?
Child Name: _______________ Sex: _________ Age: ____ D.O.B.: _______
Relative/Parent/Custodial Parent Name:___________________________________________
Address: _______________________________________________________________________
City: __________________________ State: ___________ Zip: _______________

Child Name: _______________ Sex: _________ Age: ____ D.O.B.: _______
Relative/Parent/Custodial Parent Name:___________________________________________
Address: _______________________________________________________________________
City: __________________________ State: ___________ Zip: _______________
Child Name: ______________________ Sex: ______________ Age: ______ D.O.B.: ___________
Relative/Parent/Custodial Parent Name: ____________________________________________
Address: ____________________________________________________________________
City: ____________________________ State: _______ Zip: __________________________

Child Name: ______________________ Sex: ______________ Age: ______ D.O.B.: ___________
Relative/Parent/Custodial Parent Name: ____________________________________________
Address: ____________________________________________________________________
City: ____________________________ State: _______ Zip: __________________________

Do you and the children’s mother (s) communicate? __________________________
____________________________________________________________________________
____________________________________________________________________________

Do you pay child support and are you current? __________________________
____________________________________________________________________________

If not current, how much do you owe? __________________________
____________________________________________________________________________
____________________________________________________________________________

If your parents are still living, provide their names and contact information along with the status/condition of your relationship.
Name: ____________________________ Relationship: ____________________________
Telephone: __________________________ Email: ______________________________
Address: ____________________________________________________________________
City: ____________________________ State: _______ Zip: __________________________
Status: ______________________________________________________________________
____________________________________________________________________________

Name: ____________________________ Relationship: ____________________________
Telephone: __________________________ Email: ______________________________
Address: ____________________________________________________________________
City: ____________________________ State: _______ Zip: __________________________
Status: ______________________________________________________________________
____________________________________________________________________________

Name: ____________________________ Relationship: ____________________________
Telephone: __________________________ Email: ______________________________
Address: ____________________________________________________________________
City: ____________________________ State: _______ Zip: __________________________
Status: ______________________________________________________________________
____________________________________________________________________________
If you have any siblings: brothers, sisters, step brothers, step sisters, half brothers, half sisters provide their contact information, age(s), sex and the status/condition of your relationship.

Name: ________________________________________________
Address: ______________________________________________________________________________
City: ________________________________ State: ___________________ Zip: __________________
Age: ______________________________________  Sex: ___________________
Status: ________________________________________________________________________________

Name: ________________________________________________
Address: ______________________________________________________________________________
City: ________________________________ State: ___________________ Zip: __________________
Age: ______________________________________  Sex: ___________________
Status: ________________________________________________________________________________

Name: ________________________________________________
Address: ______________________________________________________________________________
City: ________________________________ State: ___________________ Zip: __________________
Age: ______________________________________  Sex: ___________________
Status: ________________________________________________________________________________

Name: ________________________________________________
Address: ______________________________________________________________________________
City: ________________________________ State: ___________________ Zip: __________________
Age: ______________________________________  Sex: ___________________
Status: ________________________________________________________________________________

In case of emergency, whom could we notify?
Name: ___________________________________________  Relationship: __________________________
Telephone: ___________________________  Email: __________________________________________
Address: ______________________________________________________________________________
City: ________________________________ State: _______ Zip: __________________
Legal Information

Note: Fill out completely. Legal matters do not disqualify any individual from being considered for the program but we need to have a complete picture of current or past legal issues to make a complete and right decision.

To the best of your ability, please list all charges/convictions, the dispositions/outcome of each of those cases, the dates on which they occurred and the counties and states in which they occurred. Please list the exact name of these charges as they are reflected in court records. If needed list on a separate sheet of paper and provide backup if available.

Example: Domestic Violence, 180 days confinement, August 2013, Davidson Co. TN

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you now serving time for parole/probation violation? If yes, what is the violation?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If serving time in prison, when are you up for parole? ________________________________

If in prison, do you have a current address paroling to if not accepted by Men of Valor? If so, please list the address below:

Name: ___________________________ Relationship: _____________________________
Telephone: ______________________ Email: ________________________________
Address: __________________________ State: _______ Zip: ________________
Name: ___________________________________  Relationship: ___________________________________
Telephone: _____________________________  Email: __________________________________________
Address: ___________________________________________ State: _______ Zip: ____________________
City: _________________________________

If convicted and serving time in prison, how much flat time of your sentence have you completed? __________________________

Have you been charged or convicted of any type of sexual crime? ______________

Have you had any disciplinary cases/write ups both major and minor in prison/jail in the last two years? ______________ If yes, provide details.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Do you have any outstanding warrants, cases pending, unpaid traffic tickets or upcoming court appearances in this state or any other? ______________
If so, explain:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you ever been evicted from a federally assisted housing facility? If yes, please explain.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Medical Information

Note: Although you are not disqualified from coming into the program if you have had medical issues, or have taken or are currently taking any: anti-depressants, anti-psychotic, psychotropic, pain killers, opiates, or opiate derivatives, you will have to discontinue use of those substances effective immediately upon arrival to program. We are not a medical facility. Therefore, we cannot accommodate any extensive medical needs or attention. However, we will be able to arrange emergency medical care in case of an emergency.

Do you have any special needs or handicaps? If so, please explain in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Are you currently under a doctor’s care for any reason? If so, please explain in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Are you currently taking any prescriptions or over-the-counter medications? If so, please explain in detail and provide medical record backup from jail or prison.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you been diagnosed with any disease or had any surgeries? Is so, explain in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Do you have any communicable disease now or that you may have had in the past? If so, please explain in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Do you have any medical or dental needs at this time minor, or major? If so, please explain in detail.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you ever been tested for HIV?
Date: ______________________  Results: __________________________________________________________

Have you ever been tested for HCV?
Date: ______________________  Results: __________________________________________________________

Have you ever attempted suicide? If yes, when ______________________ ____________________________

Have you ever had regular thoughts of suicide? __________________________

Are you currently depressed or have you ever been treated for depression? If so, please explain in detail.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Are you currently receiving or have you ever received psychiatric care? If so, explain in detail: what for, where, how long, what was the diagnosis, what was the treatment.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Please list any limitations you have that would prohibit you from physically working at Men of Valor or participating in part-time employment/job readiness? Explain in detail.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
**Financial Information**

Note: Although debt and financial obligations will not disqualify you from gaining entrance into the program, it is important for us to maintain the highest standard of responsibility as it relates to accepting individuals with such debt or obligations. So, it is important that you list any and all current or past financial debt or obligations for the purpose of us making an informed decision when granting an individual acceptance into program. Also, it is our desire, whenever possible, that the individual not be pulled away from the program at any point for the purpose of resolving issues as it relates to finances. This is not a work program, but a discipleship program and full participation is mandatory.

Please list any and all financial obligations such as child support, restitution, unpaid bills, rental agreements, loans, legal fees, court cost, parole/probation fees, etc. that you have.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

What arrangements, if any, will need to be made in order to handle these expenses while you're in the first six months of the program?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
**Educational Information**

What is your educational background (circle all that you've completed)?

GED  High School  College  Trade School

What kind of special skills, job experience or training do you have?
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Do you have any special needs regarding reading or writing?
___________________________________________
___________________________________________
___________________________________________

What languages do you speak?
___________________________________________
___________________________________________

**Spiritual Information**

Why do you desire to submit yourself to a 12 month discipleship program such as Men of Valor?
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Have you been in a faith based or non-faith based program before? Please list below:
Program Name: ______________________________
Date: _________________________ City and State: ______________________________
Reason for Leaving: ______________________________
Program Name: ____________________________________________

Date: _____________________  City and State: __________________________

Reason for Leaving: _____________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Please give a brief testimony, on a separate piece of paper, if you have had a salvation experience. Tell us what the circumstances were that lead up to the point of salvation and how your life has been changed as a result of this experience. Include all time periods even if you walked away from God.

List all religious activities, programs, and church services you attend.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Are you currently maintaining any spiritual disciplines, devotion, bible study, etc.? If so, please provide details.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

List and describe any church involvement you have had outside of jail/prison, and with what denomination.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
Have you ever been involved in or exposed to the occult, Eastern religions, Mormonism, Jehovah’s Witness, Scientology, Wicca, and others? If so, describe the degree of involvement, what your thoughts are now about those and whether or not you have dismissed or renounced the practice of those.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you experimented or ever been involved in a homosexual lifestyle or activity?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you ever had a problem with pornography?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Have you ever had a problem with tobacco? Note: This is a total and complete tobacco free program. NO EXCEPTIONS.
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Mail Completed Applications To:

Men of Valor
Attention: Tommy Mathis
1410 Donelson Pike, Suite B-1
Nashville, TN 37217

1 Aftercare Application.docx