

Alternatives, Inc. Pre-release Center

Federal Client Application

Please fill out this application in its entirety and be as specific as possible. The information contained in this application will be verified through prison records. Providing intentionally incomplete or inaccurate information will result in the denial of your application. No applicant will be given consideration unless he/she has provided a complete, accurate application form.

Name of Applicant: _____ Date: _____

Registration number #: _____

1. **Criminal History.** (If unsure of the answer, give your best estimate)
of arrests as an adult _____, # of prior felony convictions _____, # of probations _____, and age at time of first conviction (adult or juvenile) _____.

Give dates and description of prior felonies: _____

2. **Employment/Education:** In the 24 months prior to your present incarceration, how many of these months were you employed on a full-time basis? _____ Describe any vocational skills for which you have received training: _____

3. Are you physically able and willing to work? _____ If not, explain: _____

What was the last grade of school you completed (list degrees, if any)? _____

4. **Personal:** How old are you: _____ Do you have friends or relatives in the Billings area who can offer you Support? _____ If yes, who are they and have you been in contact recently? _____

5. **General:** How many times in the past 12 months prior to imprisonment did you change addresses? _____ Have you used drugs of any type? _____ If yes, please explain: _____

Have you used inhalants (paint, gas, glue, etc.)? _____ If yes, please explain: _____

Have you received any treatment? _____ If yes, please explain: _____

Do you drink alcoholic beverages? _____ If yes, how often?: _____

Have you had any treatment for alcohol abuse (place, dates attended)? _____

Have you ever attempted suicide? _____ If yes, when and under what circumstances: _____

Have you ever received treatment for mental health problems? _____ If yes, where, when, and for how long?

Have you ever escaped or attempted to escape from a correctional facility?

Juvenile _____ Date _____ Explain: _____

Adult _____ Date _____ Explain: _____

6. What is your current offense? (please describe in your own words the reason that you are in the correctional system) _____

7. Are you involved in any civil or criminal litigation? _____ If yes, please explain: _____

8. Prior to your current conviction, how many months had it been since your last conviction? _____

9. Where was your last place of residence before being imprisoned (city, State)? _____

10. What county were you sentenced in? _____

11. How long have you lived in Montana? _____

12. upon release, where do you plan to settle? _____

13. Do you have any restitution, fines, or court-ordered costs to pay? _____ If yes, how much (dollar amount)? _____

14. Do you have a family or relative that you help to support financially? _____ If so, how do they support themselves currently? _____

What percent of their income do you estimate that you provide? _____

15. Why do you want to be accepted for pre-release? _____

How would coming to Alternatives, Inc. affect employment, family relations, finances and the ability to participate in treatment services (be specific regarding those which apply to you)? _____

16. Have you ever violated the conditions of your supervision so as to be revoked? _____ If yes, how many times? _____ Which state? _____

17. Have you ever been in a pre-release program in Montana or any other state? _____ If yes, Where and where and when? _____

Have you ever been revoked from a pre-release center? _____ If so, what was the reason? _____

Have you ever walked away from a pre-release? _____ If so, what was the reason? _____

18. Rate your physical condition: _____ Good _____ Fair _____ Poor Do you have any health problems that limit your ability to do certain types of jobs? (Describe) _____

Answer the following only if you are currently in an institution:

19. What would you say is the average rating you received on housing reports in the last 12 months?

_____ Good _____ Fair _____ poor

20. Are you assigned a job? _____ If so, describe how long, what are your ratings n the job, who is your supervisor? _____

21. Have you had any disciplinaries during your current period of imprisonment? _____ If yes, what for and when? _____

22. Who do you feel knows you particularly well at the institution other than other inmates? (Give name and position) _____

Is there anyone in the institute who you feel should be contacted when your application is considered? _____
If yes, who? _____

23. Have you attended any self-help programs or educational courses while in prison? _____ If so, please describe; if no, why not? _____

24. What are your goals upon release? _____

25. Describe your lifestyle before arrest? _____

26. Briefly, why should you be considered for the Alternatives, Inc. Pre-release program? _____

To the best of my knowledge, the information I have provided in this application is correct and complete. I understand and agree that it may be checked against my current case record and that the existence or false or incomplete information may result in the rejection of my application.

Signature

Date