



Application

Name _____ Date _____ Current Location _____

TDOC/Inmate# _____ Date of Birth _____ Age _____ Marital Status _____

Court/Parole Hearing Date _____ Expected Date of Arrival _____

Current Address (Jail/Prison/facility) _____ How long? _____

Email address of person who referred you _____ Phone _____

Are you or will you be on Parole/Probation upon release? _____ What County _____

History of Arrest Charges _____

List any Pending Charges _____

Have you ever been convicted of a sex offense? _____ Have you ever received a write-up? _____

If yes, please identify the write-up and explain: _____

Collateral or Institution Contact Person

I give my permission for WOW to communicate with the below listed staff of jail/prison facility, former housing, or treatment staff regarding my information that the WOW staff considers necessary.

Name: _____ Phone Number: _____

Position (Case manager, Counselor, Sgt., etc.): _____

Have you lived in a Recovery Home or Halfway House before? If yes, list when and where:

Sobriety Date _____ Drug(s) of Choice _____

Have you attended treatment? If yes, list dates of treatment and where:

Do you have any physical health diagnosis/concerns? If yes, please list below:

Do you have a mental health diagnosis? If yes, please provide diagnosis:

Current Medications _____

Do you have children? _____ Are you currently in a relationship? _____

Last year employed: _____ Do you feel capable of working 30 hrs/wk: _____

Prior to incarceration have you ever applied for SSI or SSDI? _____

Do you currently receive Disability Income? Yes/No, SSI _____ SSDI _____ Amount: _____

Emergency Contact _____ Relationship _____ Phone _____

Please circle all forms of ID that you already have in your possession or have access to (with family or in property)::

Drivers License / State ID Card / Social Security Card / Birth Certificate

Program Expectations:

- Pay deposit of \$125 & weekly program fees of \$175, all monies paid to WOW is non-refundable.
- Obtain and maintain employment; at least 30 hours per week
- Participate in weekly case management session and in-house recovery groups 3 nights per week
- Attend 12-step meetings and obtain a sponsor
- Attend a weekly church service
- Submit to drug and alcohol screenings
- Follow through with mental health and physical health referrals
- Stay in compliance with TDOC probation or parole requirements

Check: I understand that this program is **faith based** and I will make a commitment of **6- 12 months**.

I understand WOW is a structured program and I will comply with the expectations above.

Your signature below confirms that the information you provided to the questions above is true and accurate at the time of submitting this application.

Applicant Signature _____ Date _____

WOW Staff Use Only after reviewing application:

Approved _____ Denied _____, reason: _____

WOW Staff Signature _____ Date _____

Submit completed application to:
WOW Recovery Home, PO Box 140692, Nashville, TN 37214
Or email to kristy@wowtransition.org
Or Contact Kristy 615-579-4566