



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 have in your possession or have access to:

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

COVID vaccinations are required of residents within 30 days of arriving at WOW

Have you been vaccinated? YES or NO

I understand that this program is **faith based** and is a **minimum of 6 months, up to 12 months**:

Check [] Yes if you are willing to make that commitment to a program of 6-12 months.

Deposit of \$125 / Program Fees are \$175.00 per week. All monies paid are non-refundable.

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

Approved _____ Denied _____, reason: _____

WOW Staff Signature _____ Date _____

Submit completed application to:
WOW Recovery Home, PO Box 1725, Antioch, TN 37013
Or email to kristy@wowtransition.org
Or Contact Kristy 615-579-4566