



**Application for the  
*MEN'S RESTORATION PROGRAM***

Official Use Only

Interview Date: \_\_\_\_\_ DOC Release Date: \_\_\_\_\_ Accepted: YES NO

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Personal**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Romantic Relationship Status: Married Divorced Separated Engaged Dating Single

Any Biological Child(ren) / Age(s) \_\_\_\_\_

Child Support? Yes No If yes, what is the estimated balance owed? \_\_\_\_\_

Do you have a driver's license? Yes No If yes, do you have an automobile? \_\_\_\_\_

Do you have a photo ID? Yes No If no, why not? \_\_\_\_\_

Education (e.g. Grade Completed, Diploma, GED, College) \_\_\_\_\_

Do you receive EBT benefits? YES NO If Yes, how much per month: \$ \_\_\_\_\_

**Medical**

Health insurance? Medicare Medicaid Other \_\_\_\_\_

Have you ever had a mental health diagnosis or treatments? Yes No If yes, when? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

If diagnosed or treated for mental health in DOC what was your mental health status? \_\_\_\_\_

Are you currently taking any medication? Yes No If so, what? \_\_\_\_\_

\_\_\_\_\_

Are you taking medically assisted treatment? Yes No If so, what? \_\_\_\_\_

**Vocational**

Work / Income Plans: Full time Part time SSI/SSDI Unemployed Retired Other \_\_\_\_\_

Are you physically-mentally able to work now? Yes No

List 2 most recent jobs (1) \_\_\_\_\_

(2) \_\_\_\_\_

List any job skills or trade experience \_\_\_\_\_

**Legal**

IF DOC: Release Date \_\_\_\_\_ DOC # \_\_\_\_\_

Probation / Parole? Yes No County \_\_\_\_\_ Agency \_\_\_\_\_

PO Name \_\_\_\_\_ PO Phone \_\_\_\_\_

Active Court Case? Yes No Explain \_\_\_\_\_

Pending Charges? Yes No Explain \_\_\_\_\_

Convicted and/or Registered Sex Offender? Yes No

Violent Offenses and/or Convictions? Yes No Explain \_\_\_\_\_

\_\_\_\_\_

Please share any other legal issues that currently involve you?  
*(restitution, pending charges, probation/parole, restraining orders, custody, DUI, warrants, fines, etc)*

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## **Substance Abuse**

Describe your history of drug (illegal or prescription) and/or alcohol abuse?  
*(This will in no way disqualify you as a potential participant)*

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Describe your history of drug and/or alcohol treatment?  
*(Please include in or outpatient classes/programs, sober living programs, and DOC)*

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## **Social**

Share four words that best describe your experience growing up.

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Briefly describe your relationship with your mom and dad.  
*(if no relationship with birth parents, then step-parents, and/or primary caregivers)*

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Briefly describe the earliest life altering event you can remember that had a profound impact on you.

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Please share a significant failure in your life and why you think that may have happened.

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Have you ever been gang affiliated?    Yes    No    Explain \_\_\_\_\_

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Please describe any past experience you have with faith, church, or religion of any kind.  
*(being or becoming a Christian is not required to participate in this program)*

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What are two or three hobbies, areas of interest and/or passions that you have?  
*(for example: Music/Arts, Sports/Exercising, Collecting Items, Outdoor Activities, Cooking, Gardening, etc)*

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

What are two life skills you would most like receive or improve?  
*(for example: conflict resolution, parenting, grammar/language, vocational training, etc)*

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

### **Long-term Goals**

What is in this for you, what do you want your life to look like when you complete the program?  
*(please share in our 5 wholistic areas of life, in your own words, and be honest and specific)*

SPIRITUAL (your relationship with God and/or a home church) \_\_\_\_\_

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RELATIONAL (your significant personal relationships) \_\_\_\_\_

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PERSONAL (your residence, legal situation, medical status, etc) \_\_\_\_\_

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VOCATIONAL (your job and/or future vocational plan) \_\_\_\_\_

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FINANCIAL (your personal savings, credit score, budgeting skills, etc) \_\_\_\_\_

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What are you willing to give up and what lengths are you willing to go to reach all of those goals?  
*(cannot be 'anything' or 'everything', be very specific and honest, and list as many as you can)*

- |           |           |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

What would you consider to be the greatest barriers or roadblocks to reaching all of those goals?  
*(again be very specific and honest, and list as many as you can)*

- |           |           |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

## General

Have you previously stayed at and/or barred-suspended from Victory Mission?    Yes    No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any questions or concerns you have about the program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### Official Use Only

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





### *Substance Use Self-Disclosure Form*

This Self-Disclosure form will be used for establishing a baseline for past use of substances, prescriptions, or narcotics that may or may not show up during a mandatory Urine Analysis test. Please be honest in completing this form, as this is meant to help you in overcoming the addictions you may have and need to recover from.

Substance Used	Date last used

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Printed Name
Signature
Date





***Release of Information Form***

I, \_\_\_\_\_, give permission for Springfield Victory Mission staff to share and exchange information with other staff at Springfield Victory Mission for the purpose of providing assistance to me. This may include sharing information about a disability.

\_\_\_\_\_ (Initial)

I, \_\_\_\_\_, give permission for Springfield Victory Mission staff to share information with the following service agencies for the purpose of providing assistance to me. This may include sharing information about a disability. (Agencies may include DMH, DHS, DOC, P & P, etc.) \_\_\_\_\_

(Initial)

Agency	Contact Information

Springfield Victory Mission is required to share information when there is:

- Evidence of child or elder abuse or neglect
- Guest presents a danger to themselves or others
- Court order requires disclosing of information

I understand that my consent is valid for 180 days after I check out as a resident of Springfield Victory Mission or after any related follow ups. \_\_\_\_\_ (Initial)

I understand that I may revoke this consent at any time. \_\_\_\_\_ (Initial)

I confirm that ***Mark McKnelly*** has explained the purpose of this form to me, and that I understand the content contained. My signature below indicates my consent:

Printed Name: \_\_\_\_\_

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

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



***Media Relations Policy & Release Form***

I \_\_\_\_\_ do hereby authorize Springfield Victory Mission, Inc., and those  
*(Please Print Full Name)*  
acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, testimony, likeness, voice and biographical material in connection with any media (website, social media, and printed publications, as well as, educational or promotional material).
3. Exhibit or distribute such materials in whole or in part without restrictions or limitation for any promotional purpose which Springfield Victory Mission and those acting pursuant to its authority, deem appropriate.

Printed Name: \_\_\_\_\_

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

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