

SURE Program Application

PLEASE PRINT:

If you are currently incarcerated, please give us the address where you lived when you were arrested:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>IDOC Number</i>
<i>Street</i>			
<i>Town</i>	<i>State</i>	<i>Zip Code</i>	
<i>Phone</i>	<i>E-Mail Address</i>		

Please check all the boxes below that apply:

- | | |
|--|--|
| <input type="checkbox"/> I lived in Floyd County at the time I was arrested. | <input type="checkbox"/> I was arrested in Floyd County. |
| <input type="checkbox"/> I lived in Clark County at the time I was arrested. | <input type="checkbox"/> I was arrested in Clark County. |
| <input type="checkbox"/> I lived in Louisville at the time I was arrested. | <input type="checkbox"/> I was arrested in _____. |

Marital Status and Family

Please check the box below that applies:

- | | |
|---|--|
| <input type="checkbox"/> I'm separated. | <input type="checkbox"/> I'm currently married. |
| <input type="checkbox"/> I'm divorced. | <input type="checkbox"/> I'm not married to my intimate partner. |
| <input type="checkbox"/> I'm a widow/widower. | <input type="checkbox"/> I've never been married. |

The child of an inmate has a very high chance of becoming one, too. If you have children, would you be interested in enrolling them in **My Club**, our mentoring program for the children of participants in the SURE Program? Yes No

SURE Program Application

Substance Use/Abuse History

<i>Are you an alcoholic?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date of last drink:</i>	<i>Are you a drug abuser?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date of last drug use:</i>
<i>List substances you have used or abused:</i>			
<i>What steps have you taken, during or after your incarceration, to recover from your addiction?</i>			

Please list any physical or mental health issues you may have: _____

I certify by my signature below that all the information I have provided on this application is accurate. I understand and agree that Christian Formation Ministries Inc. will independently confirm the accuracy of the information I have given on this application.

While Christian Formation Ministries, Inc. will keep the information I've given on this application confidential, I understand and agree that they will share it with members of the committee reviewing this application, and that it will be made available to my mentor, should I be accepted for participation in the program.

Signature of Applicant

Date Signed

Do not write below this line:
