



PERSONAL PROFILE

Name _____ Social Security # _____
Inmate # (if currently incarcerated) _____ Date of Birth _____
Age _____ Present Address _____ How long? _____
City _____ State _____ Zip _____ Phone _____
Previous Address _____ How long? _____

Do you consider yourself homeless? Yes No

I am currently: (please check the most appropriate response)

- living on the street or in a short term emergency shelter
- In a transitional house for homeless persons
- being evicted from a private dwelling
- being discharged or released from a short term stay (less than 31 days) from an institution/facility and I previously lived on the street or in an emergency shelter
- being discharged or released from a longer stay (more than 31 days) in an institution/facility
- fleeing a domestic violence situation

MEDICAL HISTORY

Connect Us Outreach Ministry does not discriminate based on medical history or diagnosis. Information provided below will be protected and will not be shared with individuals without written consent by the applicant. The information below will help Connect Us Outreach Ministry ensure that you receive the most appropriate and timely services.

Medication Reason for taking Dosage Times per day Date prescribed

Have you ever been tested for:

Hepatitis A Yes No Date of last test _____ Result _____

Hepatitis B Yes No Date of last test _____ Result _____

Hepatitis C Yes No Date of last test _____ Result _____

TB Yes No Date of last test _____ Result _____

HIV Yes No Date of last test _____ Result _____

Have you been told you have any of the above? If yes, which one (s)? _____

Have you ever had treatment for HIV or AIDS? Yes No

IF YES, PLEASE EXPLAIN: _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? Yes No

If yes, what diagnoses have you been given in the past? _____

What symptoms led someone to give you this diagnosis? _____

Have you ever received outpatient mental health treatment? (i.e. case management, medication management, counseling) Yes No

If yes, Where _____ When _____ Who _____

Do you have any history of inpatient psychiatric admissions? Yes No

If yes, Where _____ When _____ Duration _____

Have you ever tried to commit suicide or kill someone else? Yes No

If yes, please describe: _____

SUBSTANCE USE/ABUSE HISTORY

What was/is your drug(s) of choice? _____

Have you ever been involved as a victim in domestic violence? Yes No

Have you ever been a perpetrator in domestic violence? Yes No

EDUCATION

Highest grade completed _____ Do you have your GED? Yes No

Vocational Training/Certificates: (Please List) _____

LEGAL ISSUES

Are you or will you be on Parole or Probation upon release? Yes No

If yes, for how long? _____ POs Name _____

Were there any financial judgments against you when you went into prison? Yes No

If yes, in what amount? _____

Do you have any evictions from housing? Yes No

Do you have any outstanding debts? Yes No

(Examples include but are not limited to -- tickets, **child support**, credit cards, loans, electric, phone company) – If yes, please explain and give amounts: _____

Incarceration History

How many times have you been in county jail for 1 or more nights? _____

How many times have you been in prison for 1 or more nights? _____

Do you have any felonies? Yes No _____

How old are they? _____

List the 5 most recent convictions/charges:

Date Charge Sentence Time Served

Have you been served a warrant for violating parole or probation? Yes No

If yes, please explain: _____

Present Location _____ Unit _____ How Long? _____

Current Program (ie: TC, New Start) _____

Parole Hearing Date _____ Final Release Date _____

County of Offense _____

Attorney Name _____ Phone Number _____

Counselor Name _____ Phone Number _____

EMPLOYMENT BACKGROUND

Job Skills / Work Experience _____
Current or Last Place of Employment _____
Address _____ Phone _____
Job _____
Title/Description _____ Duties _____
Rate of Pay _____
Date Job Started _____ Date Job Left Reason for leaving _____
Name: _____ Date: _____
Do you desire to go to school? _____

IDENTIFICATION

Do you have a copy of your Birth Certificate? Yes No
Do you have a copy of your Drivers License or State ID? Yes No
Do you have a copy of your Social Security Card? Yes No

RELATIONSHIP BACKGROUND

Marital Status: (Circle One) Married / Divorced / Separated / Widow / Single / Live together / Partner
Significant Other's Name _____
Length of Relationship? _____

Information about Children:

Name Age Sex Father Status of Custody _____
Will any of these children be residing with you at any time? _____
If any of your children are in DCS custody, who is the case manager? _____

EMERGENCY CONTACT INFORMATION

:
Name _____ Relationship _____
Telephone Number (Including Area Code) _____
Address _____

I agree to allow information gathered herein to be used as deemed necessary and appropriate by Connect Us Outreach Ministry and its affiliates and employees for their ongoing ministry whether I am accepted or not. The information provided herein shall become the property of CUOM. While efforts will be made to keep information confidential there are no guarantee this will be achieved and you agree to hold harmless CUOM, its employees and affiliates. CUOM. does not discriminate based on race, color, national origin, religion, age, disability or veteran status.

Name: _____ Date: _____

Please return completed application to:

Connect Us Outreach Ministry
Admissions
PO Box 159192
Nashville, TN 37215
Phone: 615-584-2486