



APPLICATION FOR SERVICES

Date: _____

The following information is considered confidential and will be dealt with as such. Our complete and honest answers will assist us in determining your eligibility and prevent delays in entering the program. Intentionally falsifying any answers could result in being disqualified from Inside Out Re-Entry Services. Please fill out the form completely.

Applicant's Name: _____ DOB: _____

Address: _____

Client Telephone: _____ Client Email: _____

Alias Names Used: _____

Have you ever applied to Inside Out before? _____ If so, when? _____

Do you have children? _____ With whom and where do they currently reside? Please include their gender and ages. _____

Are you currently or have you been involved with social services regarding your children? _____

If yes, please explain: _____

Name and phone number of your case worker: _____

Which of the options below best fit your current situation with you and your children? (circle)

Sole Custody

Joint Custody

Guardianship

Adopted

Other: _____

Do you have a Department of Corrections Number? _____ DOC#: _____

What is your projected release date? _____

Case Manager Name: _____ Phone Number: _____

Case Manager Email: _____

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2224 East 56th Place
Tulsa, OK 74105
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Fax: (918) 271-5217

Are you Native American? _____ If yes, what tribe? _____

Do you have a CDIB card? _____

Explain your need and desire to be selected as a resident of Inside Out Re-Entry Services.

PROBLEM AREAS

Do you have any legal, medical, financial, or relationship issues that could prevent you from completing the program? (yes/no) _____

Are you the one seeking help and are you willing to accept counsel? (yes/no) _____

Please list any substances or activities to which you are currently or have been addicted to in the past in order of frequency of use:

Drug Used	How Often Used	Date Last Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alcohol	How Often Used	Date Last Used
_____	_____	_____

Have you ever been to a detoxification facility or other treatment program? (yes/no) _____

List prior treatment facilities you have entered: _____

Date of your last drug/alcohol use: _____

What substance(s) did you use? _____

How long have you been using? _____

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Finish this statement:

With God’s help, as a result of this program, I would like to change my life in the following five areas:

1. _____
2. _____
3. _____
4. _____
5. _____

Have you attended recovery meetings in the past? (yes/no) _____

Have you completed a CR Step Study? (yes/no) _____

Location: _____ Leader: _____

Do you have a sponsor? _____ Name: _____ Phone: _____

RELATIONSHIPS

Are you currently: (circle one)

Single Married Separated Divorced

Do you have a boyfriend or a common law spouse? (yes/no) _____

I understand I will not be allowed to be in a relationship with anyone of the opposite or same sex in any manner during the course of this program. _____ (initials)

Can you commit to remain in the program until staff recommends completion? (yes/no) _____

Do you want to join Inside Out Re-Entry Services? (yes/no) _____

Do you feel forced to join? (yes/no) _____

When you are faced with a situation involving correction, how do you normally react? _____

LEGAL HISTORY

Have you ever been arrested? (yes/no) _____ If yes, list date of arrest – month/year, reason for arrest and outcome: _____

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Name and phone number of your attorney: _____

Are you a listed sex offender? (yes/no) _____

Do you have any outstanding warrants? (yes/no) _____

If yes, please explain: _____

Are you on parole or probation? (yes/no) _____

If yes, please explain: _____

Name of probation/parole officer: _____

Phone Number: _____ County/State: _____

Are you currently incarcerated? (yes/no) _____

How many times have you been incarcerated? _____

Where? _____

Have you ever been a victim of sex trafficking, or been involved in prostitution? (yes/no) _____

If so, please describe: _____

Have you been affiliated with any gang? (yes/no) _____

If yes, explain your status of said gang: _____

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HEALTH HISTORY

FALSIFYING MEDICAL INFORMATION IS GROUNDS FOR DISMISSAL FROM THE PROGRAM

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Would you say your health is: *(circle one)*

Very Good Good Average Declining Poor

Please explain if you listed that your health is declining or poor: _____

Do you have problems in any of the following areas? *(circle all that apply)*

Dental Back Neck Orthopedic (bone) Heart Asthma
High Blood Pressure Diabetes Allergies

If yes to any other medical conditions, describe how it impairs your life: _____

Are you currently prescribed medications for these conditions which you are not taking? *(yes/no)* _____

If yes, what medications? _____

Do you have any physical limitations that would prevent you from participating fully in the Inside Out Re-Entry Program? *(yes/no)* _____

If yes, please explain: _____

Can you sleep in a bunk bed? *(yes/no)* _____

Name and phone number of your doctor: _____

Do you smoke? *(yes/no)* _____ If yes, how many years? _____ Packs per day? _____

Would you be willing to quit smoking? *(yes/no)* _____

Have you ever overdosed? *(yes/no)* _____ If yes, when? _____

Do you currently or have you ever had an eating disorder (anorexia, bulimia, overeating)? *(yes/no)* _____

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Were you abused as a child? (yes/no) _____ If yes, what type? (circle any that apply)

Physical

Sexual

Verbal

Briefly explain: _____

Is there a history of mental health disorders in your family? (yes/no) _____

Are you currently a mental health client? (yes/no) _____

If yes, please list your therapist's name and location: _____

List all mental health medications you have been prescribed and are currently taking: _____

List any mental health medications prescribed that you are not taking and why you stopped taking them:

FAMILY HISTORY

Give a brief description of your childhood home environment: _____

Father's or Step Father's Name (specify which): _____ Age: _____

Occupation: _____

Describe your relationship with him: _____

Mother's or Step Mother's Name (specify which): _____ Age: _____

Occupation: _____

Describe your relationship with her: _____

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How many siblings do you have? _____ What place are you in the birth order? _____

Describe your relationship with your siblings growing up: _____

Give a brief description of what it was like growing up in your family (*praise, criticism, punishment, trauma, accomplishment*): _____

Were you ever placed in foster care? (*yes/no*) _____ If yes, please explain: _____

Did your family move a lot? (*yes/no*) _____ If yes, explain: _____

If there are children or stepchildren in your home, describe your relationship with them: _____

In the event of an emergency, please list the names, phone numbers, and addresses of three people:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

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FINANCIAL ASSESSMENT

The program fees are \$125 per week without children and \$135 per week with children. There are a limited number of scholarships available for those with extreme hardship situations. The fees are based on a sliding scale and no one will be denied access to the program due to a lack of funds. Financial arrangements will be discussed during the interview.

What is your preferred occupation? _____

When were you last employed? (date) _____

Do you currently have an income? (yes/no) _____

What is your source of income? (circle all that apply)

Unemployed Disability Insurance Family Trust Fund
SSI Other: _____

List all of your financial obligations and amounts (child support, car payment, restitution, Parole / probation, etc.): _____

How will these obligations be met while you are in the program? _____

Is there anyone who would be willing to help with your expenses while you are in the program? _____

If you leave the program prior to graduation, you will need to find transportation to other living arrangements. A friend or family member will need to pick you up or someone will need to provide a bus ticket for you. You may also bring a bus ticket with you when you arrive.

Who will be responsible for this?

Name: _____ Day Phone: _____

Cell: _____ Address: _____

_____ I will bring a bus ticket with me when I arrive.

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SPIRITUAL ASSESSMENT

Have you been or are you now affiliated with any organized religion? (yes/no) _____

If yes, what is the name & type? _____

Do you attend services? (yes/no) _____ If yes, where? _____

Are you satisfied with your spiritual health? _____

Leader's Name: _____

On a separate piece of paper, state in your own words why you need to join Inside Out Re-Entry Services and describe your commitment to change your life.

WAIVERS

Initial each of the following:

_____ I understand that Inside Out Re-Entry Services is not a detoxification facility.

_____ I understand that Inside Out Re-Entry Services is not a medical program.

_____ I understand that as part of Inside Out Re-Entry Services, I may be assigned a task assignment and I waive my right to legal action against IORS and its representatives if I am hurt during that task.

_____ I understand that Inside Out Re-Entry Services provides limited transportation to me while participating in the Inside Out Re-Entry Services Program and I waive my right to legal action against Inside Out Re-Entry Services (IORS) and its representatives if injured while being transported by any of the ministry's vehicles.

_____ I understand that Inside Out Re-Entry Services is not a licensed treatment center and I waive my right to legal action against IORS staff or volunteers based on any counsel I receive.

Applicant's Signature: _____ Date: _____

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