



SOUTH JERSEY AFTERCARE

A Residential Aftercare Ministry for Men

"If you hold to my teaching, you are really my disciples.
Then you will know the truth and the truth will set you free"
John 8:31a-32.

APPLICATION FOR MEN

- 1) Please answer all questions honestly and completely and initial each page.
- 2) Return the completed application by mail or fax to South Jersey Aftercare.
- 3) Sign the two (2) Chaplain & Personal Reference Forms and give or send them to the appropriate people (one to an institutional chaplain and the other to your pastor, family member, a close long-time friend, institutional social worker, institutional counselor, etc.) and have them returned directly to South Jersey Aftercare by mail or fax. We must have both of these completed reference forms before making a final decision on your housing application with South Jersey Aftercare.
- 4) You must sign and submit the Residential Housing Covenant and Aftercare Agreement and Memorandum of Understanding to South Jersey Aftercare.
- 5) Keep a copy of the Residential Housing Covenant and Aftercare Agreement and Memorandum of Understanding for your own reference.
- 6) A yes or no answer to a specific question will not automatically exclude you from consideration.
- 7) After review of your completed application—which includes receipt of the two (2) references above—we will determine if you are a viable candidate. If so, we will contact you by mail to schedule a personal interview at the institution. Following the personal interview you will be notified by mail of the decision concerning your acceptance into South Jersey Aftercare...this will occur within 2 weeks of the interview.

GENERAL INFORMATION

Today's Date _____

Last Name _____ First Name _____ Middle _____

Institution _____ ID# _____

Address _____ City _____ State _____ Zip _____

Are you applying from a drug or alcohol rehabilitation program? Yes _____ No _____

If Yes, what is the name of the program (if it is a DOC program, specify the institution) _____

and, what is the length of the rehabilitation program? _____

(Last) Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Social Security # _____

Office: 1700 S. Broadway, Camden, NJ 08104 • www.seedsofhopeministries.org/SJA.html

Office: 856-963-0312 • Fax: 856-845-1805



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Height _____ Weight _____ Disability _____

Expected Release Date _____

How long have you been incarcerated during your current term in prison/jail/treatment? _____

How many times and how long have you been incarcerated during your lifetime? _____

How many times have you been treated in a residential substance abuse program during your lifetime? _____

How did you learn about South Jersey Aftercare? _____

Have you applied to other aftercare programs, other than South Jersey Aftercare? Yes ___ No _____

If yes, which ones? _____

Have you been accepted or denied from these other programs? Explain _____

Have you been denied other parole or home plans upon your current release? Yes _____ No _____

If Yes, Explain _____

Have you previously applied to South Jersey Aftercare? Yes _____ No _____, If yes, When? _____

Were you previously accepted? Yes _____ No _____, If yes, did you reside with us or receive any other type of assistance?

Yes _____ No _____ If No, Explain? _____

If you have resided at South Jersey Aftercare previously, did you complete and transition on voluntarily? Yes _____ No _____

If No, what was your reason for leaving? _____

If accepted, what would you like to accomplish during your six (6) to eighteen (18) months at South Jersey Aftercare? _____

How have you changed while incarcerated? (Be specific) _____

Please Choose One: Married _____ Engaged _____ Divorced _____ Single _____ Do you have children? Yes _____ No _____

If Yes, list number of children: _____

If Yes, will you need to pay child support? Yes _____ No _____ Back support? Yes _____ No _____ Current support? Yes _____ No _____

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How much do you expect to pay for child support monthly? _____

Is there a current child support order in effect? If so, what amount is currently due each week and for what child?

List Two Nearest Relatives:

Last Name _____ First Name _____ Middle _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Last Name _____ First Name _____ Middle _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

List One Personal Reference:

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

A Personal References Form should be filled out and sent in under separate cover by the reference of your choice.

SPIRITUAL INFORMATION

Please check the description below that best summarizes your relationship with Jesus Christ:

- ☐ This is the first time I have thought about it.
- ☐ I have thought about it but I am not sure that I am ready to make a decision.
- ☐ I have not made a commitment to Jesus, but I am ready to do so now.
- ☐ I think I have made a commitment to Jesus, but I am not sure.
- ☐ I know I made a personal commitment to Jesus.

If your answer above is that you made a personal commitment to Jesus Christ, explain briefly how you came to know Him as your Lord & Savior: [you will have an opportunity to provide your complete testimony on page 9 so that we have the complete picture]

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What churches have you attended in the past and where were they located?

Pastors Name(s)

What services have you attended while incarcerated and in what institution?

What Christian ministries or programs were you associated with or did you attend while you have been incarcerated?

LEGAL INFORMATION

For what crime(s) are you currently serving time?

What was the original charge(s) for your current offense(s) (i.e., prior to any plea)?

Explain, in your own words, what happened to cause you to be charged with your current offense(s)

List all previous arrests and convictions, starting with the most recent. Please list the charge you were originally arrested on, the final charge upon conviction (or plea), and the year and location of the offense (be specific). *The first one is an example:*

Year	Location	Charge at Arrest	Charge Convicted of (pled to)
2009	Atlantic City, NJ	Robbery	Shoplifting

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List any conduct violations and the nature of those violations you have received during your current term of incarceration_____

Please have a staff worker sign that your criminal history has been verified to the best of their knowledge:

Printed Name _____ Institution _____ Position _____

Signature _____ Phone Number _____

Do you have any upcoming court dates? Yes _____ No _____ If Yes, when and where? _____

Do you have any outstanding warrants? Yes _____ No _____ If Yes, where and of what nature? _____

Do you owe any restitution? Yes _____ No _____, If Yes, how much? _____

Do you owe any court fees / fines / incarceration fees? Yes _____ No _____, If Yes, how much? _____

Understanding that South Jersey Aftercare requires you to pay weekly ministry fees in order to reside in one of our transitional homes, will you be able to afford to reside and meet all of your other financial obligations as well? Yes _____ No _____

Will you be released on?

Parole _____ Supervised Release (Federal) _____ ISP _____ or are you maxing
out _____

Institutional Case Worker/Manager:

Name _____ Phone # _____

Institutional Counselor:

Name _____ Phone # _____

Chaplain:

Name _____ Phone # _____

Most Recent Parole/Probation Officer:

Name _____ Phone # _____

Next scheduled parole hearing date _____ Outstanding warrants/charges _____



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EDUCATIONAL INFORMATION

Last grade completed _____

Do you have your GED? Yes _____ No _____

If NO, do you plan to work on GED while at South Jersey Aftercare? Yes _____

No _____ (South Jersey Aftercare requires you to do so)

Have you ever been diagnosed with a learning disability? Yes _____ No _____

If yes, please explain _____

Circle years of college completed: 1 2 3 4

Area of study _____

Name of College/Trade School _____ City _____ State _____

Name of College/Trade School _____ City _____ State _____

Degrees or certificates earned _____

WORK INFORMATION

Have you previously maintained steady employment for longer than a six month period? Yes _____ No _____

If yes, please describe your most recent work history _____

List any special skills or trades _____

Have you ever served in the military? Yes _____ No _____ If Yes, explain your discharge status: _____

Have you ever filed a worker's compensation claim? Yes _____ No _____ If yes, please explain: _____

Do you have any injuries that would hinder you from working? Yes _____ No _____ If Yes, please explain: _____

HEALTH RECORD

(Physical)

Do you have any present health problems? Yes _____ No _____

If yes, please list _____

Do you have any past health problems? Yes _____ No _____

If yes, please list _____

Have you been treated for these health problems, present or past? Yes _____ No _____

List any medications you are currently taking for physical health problems _____

List any medications have you taken in the past for physical health problems _____

HIV positive: Yes _____ No _____ TB positive: Yes _____ No _____ Hepatitis: Yes _____ No _____

If you have Hepatitis C, have you been treated for it? Yes _____ No _____

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List any physical disabilities _____

Are you now, or prior to your incarceration, had you been receiving SSI?

Yes /No _____ Amount _____

If Yes, for what? _____

Do you plan on applying for SSI?: Yes_ No ____ If Yes, for what? _____

Can you work full time? Yes__ No_____ Can you work part time? Yes__ No_____

(Mental and/or Emotional)

Have you ever been diagnosed with a mental illness? Yes_____No _____

If yes, please explain _____

If yes, list medications you have taken in the past for this diagnosis _____

If yes, what medications are you currently taking for this diagnosis _____

Do you feel as though the medications are helping you? Yes_____No _____

Are you currently taking any medications to assist you in sleeping? Yes_____No_____

Will you continue to take sleep aids upon being released from incarceration? Yes_____No_____

Will you have medicine upon release? Yes_____No_____, If yes, what kind? _____

Will you need any medications upon release? Yes_____No_____, If yes, which type? _____

Will you be required to attend a mental health program upon your release? Yes_____No_____

Have you ever had an addiction or abused drugs or alcohol? Yes_____No_____

If yes, explain your addiction or abuse (if it is drugs or alcohol, explain which drugs you commonly used): _____

CONFIDENTIAL COUNSELING / LIFE SKILLS NEEDS

Please check all that apply:

___ 12 Step Recovery	___ Personal Counseling	___ Anger Management	___ Victims' Impact
___ Christian Recovery	___ Pre-Marital Counseling	___ Domestic Violence	___ Job Readiness
___ Drug Rehabilitation	___ Financial Stewardship	___ Family Counseling	___ Computer Skills
___ Parenting Classes	___ Sexual Lust	___ Victim of Abuse	___ Better Relationships

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Certification

I _____, understand that this application will be reviewed by the South Jersey Aftercare Staff.

I give South Jersey Aftercare my permission to contact any references or other persons or agencies they may choose for the purpose of making a decision on admitting me into its six (6) to eighteen (18) month residential aftercare ministry.

I affirm that the information that I have provided in this application is true and accurate to the best of my knowledge and belief.

Furthermore, if any information is deemed incorrect or untrue, or any of the conditions of the Residential Housing Covenant and Aftercare Agreement are broken, I understand that termination from the care of the ministry could result.

I thereby give South Jersey Aftercare my permission to release any and all information about me to whomever they deem necessary for the purpose of my progress in their ministry or for the well being of others in this reintegration process as they shall determine.

I have read and signed the Residential Housing Covenant and Aftercare Agreement and agree to comply with all of the conditions in it which have been designed for my growth, protection and care.

Signed Name _____ Date _____

Printed Name _____



PERSONAL CHRISTIAN TESTIMONY (Use additional sheets of paper if necessary to give us the complete picture)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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APPLICANT'S QUESTIONS

Please list any questions you may have and we will do our best to answer them.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed Name _____ Date _____



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MEMORANDUM OF UNDERSTANDING

This is my personal statement that I, _____, understand that the South Jersey Aftercare transitional housing and aftercare ministry is for a period of six (6) to eighteen (18) months. If accepted, I commit to complete the residential transitional phase in its entirety. I fully understand that if I do not complete the entire residential transitional phase and I am on parole, supervised release or ISP that I could very likely be violated, be placed on electronic monitoring, have my parole, supervised release or ISP revoked, or be sent to a New Jersey Community Release Program.

I understand that South Jersey Aftercare is a Christian-based organization that teaches Biblical principles. By signing this commitment form, I am agreeing that abiding by these principles is the main motivation for my reason to change my life. **I have read the rules, conditions, and guidelines contained in this application & in the Residential Housing Covenant & Aftercare Agreement** and desire to have this type of structure in my life during my reintegration process. I understand that I can be released from the care of the ministry for violating any rules, and that my release from the ministry, in a further effort to care for me, will be reported to the New Jersey State Parole Board, the United States Probation Office or the Intensive Supervision Program whichever is appropriate.

In addition, I realize the importance of remaining relationship-free during the time that I am residing in one of the transitional homes so that I can continue to concentrate on my relationship with Lord without unnecessary distractions. Working on changes within me will be my main focus. I also understand the financial commitments of this Christian residential program. In addition to the ministry fees, I understand that I will pay for my own transportation costs going to and from work and appointments once I receive employment.

I understand that upon signing this document that South Jersey Aftercare is a Christian, faith-based program that I desire to enter into freely and willingly. In addition to the Christian faith-based component, South Jersey Aftercare also helps with GED preparation, employment placement assistance, obtaining appropriate identification, transportation/driver's license restoration, job readiness skills, substance abuse treatment, anger management classes, individual counseling, child support assistance and financial planning classes. I am under no obligation to participate in this ministry; however, once I have committed to this ministry, I will be expected to complete it.

I understand that I am expected to be an asset to South Jersey Aftercare, the community and my local church and I will try my hardest to do so.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature _____

Printed Name _____

Title _____ Date _____

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