



Dear Applicant,

Thank you for your interest in applying to the Dismas House of Nashville, a transitional living community serving returning citizens for over 45 years. We believe that Dismas House offers an innovative and unique reentry opportunity that supports healing and transformation while assisting you as you transition, adjust and reintegrate back to the community. "Dismas is family," and this family believes in second chances. We are excited that you are interested in joining our program. To expedite the admissions process, please include the items listed below with your application packet.

- A copy of your TOMIS Face Sheet
- A copy of your TOMIS Sentence Sheet
- A copy of your TOMIS Disciplinary Report
- A copy of your Security Threat Group Report
- Any letters of recommendation or referrals (if applicable).
- Any certificates of program completion (if applicable).

Please **check the boxes** below to acknowledge you understand the following expectations and rules of the Dismas House of Nashville.

I, \_\_\_\_\_, understand that as a Dismas House resident:  
(print name)

- I am not permitted to work for a minimum of 30 days upon arrival in order to focus on the necessary healing and adjusting to support my transition to the free world.
- I will participate in ALL required Dismas House programming for the duration of my stay.
- Dismas staff reserve the right to ask me to leave the program/campus immediately should it be discovered that I provided false or misleading information during the admissions process, as well as during my residency.
- Receiving a disciplinary after my program acceptance might result in a reversal of the admissions decision.
- The first 30 days of residency are conditional, and staff reserve the right to ask me to leave the program and house if it becomes apparent, I am not a "good fit" for the Dismas program.
- I agree to abide by all policies, procedures, expectations, and standards of living set forth by the Dismas House program and understand that Dismas staff reserve the right to make changes to these during my residency.
- Dismas is a sober living environment, and that I may be discharged for using illegal substances and/or alcohol including anything that may cause a positive drug screen, legal or illegal (i.e. CBD, Kratom, etc.)
- Dismas reserves the right to discharge me should I fail to adhere to my transition/treatment plan, which includes weekly individual and group therapy and daily 12-step meetings; and may require taking prescription medication(s) to support my treatment & successful transition.
- I agree to abide by all conditions of supervision set forth by any State or County Agency.
- I agree to diligently pursue a positive, self-sustainable lifestyle that includes, among other matters, legitimate income, independent living, and permanent housing.
- If I am eligible for RHP (Residential Housing Program) funds, I agree to pay program fees in the amount of \$19 per "bed night" beginning on day 61 of my residency and/or 14 days after employment.

- Should I not be eligible for RHP funds, I agree to pay a \$150 deposit upon arrival, and begin paying program fees in the amount of \$19 per “bed night” beginning on day 31 of residency. *(Note: The 1st month’s program fees are waived for those not eligible for RHP).*
- Due to COVID-19, I will be required to follow certain policy and procedural changes that may include in part - spending up to a week or more in a “modified” quarantine arrangement and changes to our normal transportation, visitation, and curfew policies, etc.

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Applicant Signature

Date

# DISMAS HOUSE OF NASHVILLE – PROGRAM APPLICATION

Please provide all requested information – failure to do so will delay the admissions process or result in denial.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ TDOC or OCA #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Living Situation (check all that apply):  Homeless  Shelter  Treatment Program  Incarcerated  
 Public Housing  Private Housing  with Significant Other  with Family  with Others

Have you ever lived in Davidson County, TN?  Yes  No

If "Yes", when? \_\_\_\_\_ For how long? \_\_\_\_\_

Where did you live immediately prior to being incarcerated?

\_\_\_\_\_  
City County State

## CURRENT STATUS:

If you are currently incarcerated, at which TN facility? \_\_\_\_\_

Expected Release Date: \_\_\_\_\_ or Parole Hearing Date: \_\_\_\_\_ Parole Decision (if applicable):  Yes  No

Re-Entry Counselor/Case Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

List all disciplinaries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL SUPPORT:

Closest Living Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Closest Relative's Location: \_\_\_\_\_

City County State

Is this person a positive influence in your life?  Yes  No

Marital Status:  Married  Engaged  Single  Separated  Divorced  Not Married, but in Relationship

If applicable, is your significant other a positive influence in your life?  Yes  No

Do you have children?  Yes  No If "Yes", how many? \_\_\_\_\_

Are you in regular contact with  Significant Other  Children  Parents  Other Family  Others

**ADDICTION & HEALTH HISTORY:**

Have you ever struggled with substance abuse/chemical dependency issues (check all that apply)? **Check all that apply.**

Yes  No  Current  Past

If yes, age of first use: \_\_\_\_\_

**If "Yes," check all that apply:**

- Alcoholism  Drug Addiction  Methamphetamines  Amphetamines  Opioids/Heroin  Cocaine/Crack  
 Marijuana  Other (describe) \_\_\_\_\_

Have you ever participated in a substance abuse recovery, rehabilitation, treatment program or inpatient mental health treatment?  Yes  No

If "Yes", how many times? \_\_\_\_\_ When/where was the most recent? \_\_\_\_\_

Have you ever struggled with any non-chemical, behavioral addiction? Examples may include gambling, food/overeating, sex, pornography, shopping/spending, etc.  Yes  No

If "Yes", describe your addiction(s): \_\_\_\_\_  Current  Past

Have you ever been diagnosed with a psychological condition such as depression, anxiety, bipolar, schizophrenia, etc.?  Yes  No

If yes, what is/was the diagnosis? \_\_\_\_\_. Are you receiving treatment or taking medication for the diagnosis?  Yes  No

Please provide information regarding ALL legal, prescription medications taken in the past five years:

Medication Name	Reason for Taking	Currently Taking?		Medication Name	Reason for Taking	Currently Taking?

**EMPLOYMENT HISTORY:**

Last job held \_\_\_\_\_ For how long? \_\_\_\_\_

What is the longest time you've held the same job? \_\_\_\_\_ Where? \_\_\_\_\_

What are your future employment plans? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Highest grade completed in school \_\_\_\_\_ GED/Hi-Set \_\_\_\_\_ Place and Date \_\_\_\_\_

College/Post-Secondary Education \_\_\_\_\_

Vocational/Trade School \_\_\_\_\_

Certificates/Certifications \_\_\_\_\_

If any, what are your future education/training goals? \_\_\_\_\_

**VETERAN STATUS:**

Are you a veteran? \_\_\_\_\_ Branch \_\_\_\_\_ Combat Experience \_\_\_\_\_

Years of service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**RECORD OF CHARGES AND CONVICTIONS**

**\*\* Please provide information pertaining to ALL charges and convictions regardless of location or outcome. \*\*  
(Use additional paper, if necessary).**

Location (City, State)	Charges	Year	Time Served

Provide details of your current offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to participate in our program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short-Term Goals (1<sup>st</sup> 90 days): \_\_\_\_\_

Long-Term Goals (6 months to 2 years): \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby grant, by signature, permission for representatives of Dismas, Inc. to use of my personal information and records as deemed necessary. I understand that I am granting permission for sharing of personal information and records between Dismas, Inc. representatives and with representatives of other entities, in particular representatives of Tennessee Department of Correction. I further understand that Dismas, Inc. staff members are bound, by law, to report knowledge of my intent to harm myself or others, or to report knowledge of children in danger of harm.

I understand that I am authorizing the release of any or all of the following:

- Medical history, health status, diagnosis, examination, laboratory tests and treatment reports.
- Psychological evaluations and or psychiatric evaluation reports.
- Social history data (including family), education, and any other related material.
- Institutional records, including FBI and/or TBI sheets, criminal history, facility disciplinary reports, classification summaries and/or pre-sentencing reports.
- Any information or documents held on-file by Dismas, Inc.

I understand that this information may be used for the following purposes:

- Reporting required by TDOC.
- Coordination of medical, psychological, and social rehabilitation.
- Development of a treatment and/or rehabilitation plan.
- Coordination of judicial issues.

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

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

Information obtained will remain confidential and only be shared in accordance to Federal Privacy Laws. Consent will remain effective for 90 days following completion of or termination from Dismas program.

Dismas Representative: \_\_\_\_\_

**Dismas House Title VI Policy**

*It is the policy of Dismas, Inc. to comply with Federal and State mandated Title VI legislation for the purpose of ensuring that its services do not discriminate against people because of their race, color, national origin or limited English proficiency. Should Title VI complaints arise, they will be addressed in a timely manner.*

*No person in the Dismas organization shall on the grounds of race, gender, disability, religion, national origin, or sexual orientation be excluded from the participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity associated with Dismas House*

**You may submit the completed application in one of the following two ways:**

1. Scan/Email as an attachment to [Admissions@dismas.org](mailto:Admissions@dismas.org).
2. Mail the completed application to: **Attention: Admissions  
Dismas House of Nashville  
2424 Charlotte Avenue  
Nashville, TN 37203**