



Dear Applicant,

Thank you for your interest in applying to the Dismas House of Nashville! We believe that the Dismas House of Nashville offers a unique reentry opportunity. We have established a transitional living re-entry program that has served returning citizens for over 45 years. Dismas is a community that believes in second chances, and we are excited that you are interested in being part of our family. To expedite the admissions process, please provide us with the following information to be included with your application:

- A copy of your TOMIS Offender 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 you may have on your behalf.

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 resident:  
(print name)

- I will not work for a minimum of 30 days upon arrival in order to focus on healing and building that comes with our individualized care management and re-entry programming.
- I will participate in ALL required Dismas programming for the duration of my stay.
- Dismas staff reserves the right to ask you to leave the program and house immediately should it be discovered that you provided false or misleading information during the admissions process, as well as during your residency.
- Receiving a disciplinary after I have been accepted might result in a reversal of the admission decision.
- The first 30 days of residency are conditional and staff reserves the right to ask you to leave the program and house if it becomes apparent you are 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 of Nashville program and understand that Dismas leadership reserves 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.
- Dismas reserves the right to discharge me should I fail to adhere to my treatment plan, which might require in part: taking existing and/or new prescription medication(s) properly and attending mandatory 12-Step meetings (offered on and off premises), as required.
- 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 granted funding through the TDOC Residential Housing Program (RHP), I agree to the payment of program fees in the amount of \$19 per “bed night” beginning on day 61 of my residency.
- In the event that I do not receive RHP funds through TDOC, I agree to pay a \$150 deposit and program fees in the amount of \$19 per “bed night” beginning on the day of arrival. Program fees are due by the 5th day of each month.

**PLEASE NOTE:** Dismas House of Nashville is growing from an 8-bed facility to a 72-bed facility, and the move to *the new Dismas campus* will occur in March / Spring 2020. With the increase in size and the change of location the Dismas program and culture is subject to change. Since the program is a minimum of 90 days, new residents arriving by January 1, 2020 will be required to move mid-program in order to complete the program. Residents at the current location are not guaranteed a bed at the new location (unless they are successfully following their treatment plans). Finally, residents at the current Dismas location, may be required to sign a new contract relative to rules and expectations prior to moving to the new Dismas campus.

- I understand and acknowledge that the Dismas campus is moving in Spring 2020, and I may be asked to sign a new contract. I reserve the right to choose not to move into the new location and to be offered referrals to other housing options.

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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: \_\_\_\_\_ 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 Date of Next Hearing: \_\_\_\_\_

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 or chemical dependency?  Yes  No  Current  Past  
**\*Check all that apply\***

If "Yes", which describes your struggle (check all that apply)  Alcoholism  Drug Addiction  Recovering

Have you ever participated in a substance abuse or chemical dependency recovery, rehabilitation, or treatment program?  Yes  No

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

Have you ever struggled with an addiction **other than** substance abuse or chemical dependency?  Yes  No

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

Please provide information regarding ALL 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 \_\_\_\_\_  
Trade School \_\_\_\_\_  
Certificates/Certifications \_\_\_\_\_

**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30 day goals: \_\_\_\_\_  
\_\_\_\_\_

60 day goals: \_\_\_\_\_  
\_\_\_\_\_

90 day goals: \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby grant, by signature, permission for representatives of Dismas, Inc. 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: \_\_\_\_\_