



1400 Kellow Street Nashville, TN 37208

(OFFICE USE ONLY) **INTAKE:** _____ **ADMISSION:** _____
(Date/Time) (Date/Time)

TRANSITIONAL HOUSE APPLICATION

GENERAL INFORMATION

Name: _____
(Last First Middle) (TDOC Number Institution) (Referral origin/Facility name)

Gender : Male _____ Female _____ Birth date: _____ Birth Place: _____

Social Security No: _____ Driver License? _____

Last Residence Address: _____
(City County State)

Forwarding Address after program completion _____ Phone No: _____

One other person who will always know how to contact you: _____

Address: _____ Phone No.: _____

What are your financial obligations? _____

List your economic resources: _____

Marital Status: _____ Number of Children _____

Are you in contact with spouse or significant other? _____ Children? _____ Parents/Family _____

HEALTH

Have you ever been diagnosed for any health problems? _____

If so, list and give treatment received. _____

List any handicaps or health problems that would prevent you from working: _____

ALCOHOL/DRUG HISTORY

Have you ever had an alcohol or drug problem? Yes _____ No _____ Opiate problem Yes _____ No _____

If yes to drug problem,, what programs have you attended or treatments received? _____

List all primary drugs that you have used in the past. _____



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EDUCATION

Last or highest grade completed in school: _____ Diploma GED: _____

Place and Date: _____

List college, trade school, and degree: _____

Years in military service: _____ List brand and type of discharge: _____

EMPLOYMENT HISTORY

List name and address of last company you worked for: _____

From: _____ To: _____ Why did you leave? _____

Were you employed at the time of your most recent arrest? _____

How many jobs in the last 5 years before your arrest? _____

What is the longest time that you have ever held the same job? _____

What are your future employment plans? _____

If you have a job plan, list company name and address: _____

List your job skills: _____

PRISON HISTORY

Current Charges: _____

Current Convictions: _____

Current Sentence: _____ Date Incarcerated: _____

Did you know the victim? _____ How? _____

Plea or Jury Trial? _____ Expiration of sentence date? _____

Have you met with the Board of Paroles on these convictions? _____ How many times? _____

Next parole hearing: _____ Earliest release date? _____

Have you ever been on parole? _____ Did you violate parole? _____

Were you charged for a new crime while on parole? _____

List all prison disciplinarians _____

How long since your last disciplinary? _____



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List the name of your counselor or caseworker: _____

Counselor/Case worker work email address: _____ Office Phone: _____

Current prison job: _____ Prison programs: _____

List prison, volunteer or other community references:

Name Occupation Phone Number Years Known

PAST CRIMINAL RECORD

Your age at first arrest: _____ Juvenile record: _____

Prior adult arrest and charges: _____

Prior adult convictions: _____

How many years have you spent total in prison during your adult life? _____

What is your version of your conviction: _____

Personal Goals:

AGREEMENT

If accepted at Phoenix Rising, Inc., I will follow the rules, programs, and regulations as outlined in the contract that I will sign. I give permission for Phoenix Rising, Inc., to review any information in their files with Tennessee Department of Correction or by any other agency. I understand that Phoenix Rising, Inc. keeps this information confidential.

Signature

Date

Phoenix Rising, Inc. does not discriminate in selecting applicants solely on the basis of gender, race or religious conviction.



1400 Kellow Street Nashville, TN 37208

A Transitional Living & Learning Center

Office: 615-485-5142

Fax: 615-964-7000

Email: PhoenixRisingNashville@gmail.com

Release of Information Consent Form

I, _____, TOMIS # _____,

hereby give my consent to have the following information released to Phoenix Rising, Inc. for determination of eligibility into their transitional living and training center in Madison, TN:

1. Disciplinary record,
2. Offenses for which I have been incarcerated,
3. Recommendation by the Pre-release Coordinator or other staff person (if incarcerated), and
4. Medical Summary.

(Inmate Signature) (Date)

Office use only:

Received by: _____ Date: _____

NOTE: Please sign this form and give to your Counselor or Pre-Release

Coordinator (if incarcerated). Attach the requested information with your Application and Contract.

A non-for-profit 501 (c) (3) and Tennessee Board of Probation & Parole Approved Housing Facility



1400 Kellow Street Nashville, TN 37208

A Transitional Living & Learning Center

Office: 615-485-5142

Fax: 615-964-7000

Email: PhoenixRisingNashville@gmail.com

Dear Prospective Resident:

Please sign the Release of Information Consent Form and the Medical/Mental Health Summary form that you received in this Application packet and send the Medical/Mental Health Summary form to the Medical Records office to be completed by them. Please request that they send the completed information to us at the above-referenced address. This form will help us to better make a knowledgeable decision of whether we can serve you with the resources that we have available to us. We cannot approve you for one of our facilities until we get information regarding current medications that you are taking and any medical or psychological diagnosis for you from the prison or other facility that you are currently in.

If you have any questions, please feel free to have your counselor, case manager, or other staff member call our office at 615-485-5142.

Sincerely yours,

Michael D. Stratton

Michael D. Stratton, Executive Director

Revised 3/19

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Medical/Mental Health Summary

(Confidential HIPAA-Protected Medical Information)

Name _____ If Incarcerated: TOMIS # _____

Current Medical/Mental Health Diagnosis _____

Past Medical/Mental Health Diagnosis _____

Current Medications _____

T.B Record: _____

(Signature of Medical Staff)

(Inmate Signature for Release of Information)

To be completed by Medical staff and returned to:

Phoenix Rising, Inc., Fax Number 615-964-7000

P.O. Box 17936

Nashville, TN 37217



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PROGRAM CONTRACT

I, _____, agree to follow the program, rules and regulations as contained in this contract.

Upon release, I will report to Phoenix Rising expeditiously. I also agree to abide by the guidelines set forth by the Tennessee Board of Probation & Parole, if I am released on Parole.

I furthermore give permission to Phoenix Rising to review any information in the files kept on me by the Tennessee Department of Correction or by any other agency. I understand that Phoenix Rising keeps this type of information confidential.

An admission fee of \$400.00 must be paid for the first two weeks of my stay. Upon moving into Phoenix Rising I agree to pay a weekly housing fee of \$150.00 due every Friday. I understand the housing fee covers bed and personal space, lights, water, phone, washer, dryer, computer with internet, T.V, bathroom, toiletries, kitchen cookware, range, refrigerator, and smoking area. The Admission fee will not be reimbursed to me, if I am terminated by Phoenix Rising for breach of contract anytime during the first two (2) weeks. _____

(Initials of Applicant)

I agree to find work as soon as possible after moving in and further to maintain employment throughout my stay. I understand that if I fail to find and maintain work, I am subject to immediate termination from the program and will leave the house immediately. I understand that Phoenix Rising may inform my parole officer of my breach of contract.

While living at Phoenix Rising, Inc., I agree to the following rules and regulations:

1. No alcohol or illegal drug use allowed. Only medications prescribed directly to me, or over-the-counter medications are permitted and will be stored by Phoenix Rising until self administration. I may not have a prescription drug which contains benzodiazepine, a narcotic, or is considered a controlled substance.
2. All residents are subject to drug screens.
3. Phoenix Rising is a smoke-free environment. The use of any tobacco product is permitted only on the outside of the residence. Users of chewing tobacco or snuff must use a spittoon outside, while smokers will use ash trays.
4. No personal visitors are permitted in the home or on premises (transportation pick up/drop off purposes are permitted only).
5. Daily I am responsible for keeping my room and the House areas clean **at all times.**
6. Phoenix Rising staff may inspect my room at any time. Beds must be made up at all times.



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7. I will clean up immediately after using the restroom, kitchen or any other area of the home or property.
8. I am responsible for keeping up with the house door key. If lost, it is to be reported immediately, and a fee of \$25.00 will be charged for a new key.
9. Residents with housing fees not paid on time will be given a 24-hour notice to vacate the premises.
10. If I am absent from the premises for three consecutive days without prior approval, it will be considered abandonment.
11. Upon abandonment, whether by arrest, parole violation, or voluntary, all personal items left on the premises will be disposed of by the staff of Phoenix Rising.
12. All my personal property is my responsibility and I will not hold Phoenix Rising responsible for the loss or damage any such property.
13. I agree to stay at Phoenix Rising for a minimum of 90 days. A minimum of 7 days' notice must be given before leaving.
14. No vehicles for 60 days.
15. Violence or threats of violence are cause for immediate dismissal.
16. I am not permitted to cook any food in my room or living area other than the kitchen. No eating or storing food in my room.
17. All cooking utensils and dishes will be washed immediately after each use.
18. Upon moving out of Phoenix Rising all items issued to me shall be left in my room.
19. Unless I am working, I will be in the House between the hours of 10P.M. and 5 A.M.
20. During the first 30 days at Phoenix Rising, it shall be between the hours of 8 P.M. and 5 A.M.
21. No pets of any kind shall be kept in the home or on the premises.
22. I am not to cause any alteration to my room or any part of the premises without prior permission from Phoenix Rising staff.
23. I am liable for any damages that I cause while living at the House.
24. No TV's are allowed in the bedrooms. TV & movies are provided in the living/TV room.
25. I will follow and adhere to the dress code as established by the House Staff. (No "grills" of any type, hair will not touch the collar of my shirt, no braids and no baggy clothing).
26. Appropriate dress is required when out of my bedroom area-this means having on a shirt, pants and shoes.
27. No phone calls after 10:00 p.m. (personal phones or home phone) *Phones will be taken if residents fail to follow rules.
28. Phone calls are limited to 15 minutes per person (rule violators are subject to phone restrictions.)
29. Two weekend passes a month after 30 day probation period. Housing fees must be current and passes must be approved by Phoenix Rising staff in writing according to your program performance. Out of county passes must have your PO approval.



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30. Pornographic material is grounds for immediate discharge.
31. Relationships with females are not suggested in the first 90 days of the program.
32. Each person's progress will be periodically evaluated on an individual bases.
33. If I am terminated from the Phoenix Rising program for any reason, I agree understand I have 3 hours to leave the property. I understand Phoenix Rising staff will transport any homeless terminated client to the local Mission for emergency housing.
34. I agree and understand to be available for all program meetings beginning at 6 p.m. Monday through Friday. 2 weekend NA/AA each week
35. Cell phones will be confiscated, weekend passes may be curtailed or denied, and curfew is subject to
change if housing fees are delinquent.
36. Any property of the client can be held and secured by the staff of Phoenix Rising until program fee balance is paid in full.
37. I understand and agree that the admission fee of \$400.00 will not be reimbursed to me, if I am terminated anytime during the
first two (2) weeks for breaking the rules and regulations set forth in this contract.
38. I understand and agree that my housing fee of \$150.00 dollars will be due each week on Fridays by money orders payments.
39. Multipurpose/dining room closes at 10 PM.
40. All residents will job search outside the home from 0800hrs to 1700hrs (5 PM), Monday through Friday. All
mandated/required programs or classes will be required in conjunction with the job search.
41. You agree and understand after you have completed your 90 day program, you further agree and understand to continue to
attend all meetings your length of stay at Phoenix Rising until discharge.

These rules and regulations are subject to change at any time and without advance notice.

By signing below, I agree to all of the above terms and conditions. Any violation of them gives Phoenix Rising the right to have me vacate the premises immediately. Any breach of this Contract or noncompliance of these rules and regulations could result in the notification to my parole/probation officer if I am on parole or probation.

Signed on this the _____ day of _____, 201__.

Signature _____

Revised 3/19