



PASSAGES

WOMEN'S TRANSITIONAL LIVING

Pre-Application for Passages Transformation Program

Before filling out and submitting this Pre-Application for the Passages Program, you must have read the Program Description and Policies document.

Name: _____ Age: _____ Date: _____
(Last) (First) (Middle)

Other known names: _____ ID you possess: _____

Are you currently incarcerated? _____ Case Manager/Probation or Parole Agent _____

Have you been incarcerated before: Yes ___ No ___ If yes, explain: _____
_____ Dates: _____

Do you have any violent crime convictions or charges? Yes ___ No ___

When is your parole/review date? _____ When is your release date: _____

What is your drug of choice? _____ Date of last use: _____

Have you ever been hospitalized for mental/emotional problems? No ___ Yes ___

Explain: _____ Where: _____ Dates: _____

How many pregnancies have you had? _____ How many children do you have? _____ Where? _____

Are you pregnant? No ___ Yes ___ If yes, when are you due? _____ Have you received prenatal care: No ___ Yes ___

Have you ever been treated for attempted suicide? No ___ Yes ___ If yes, when _____

Rx Psychiatric Medications you are current taking: _____

Do you have any physical conditions that require medication? No ___ Yes ___ If yes, describe: _____

SSI/SSD? No ___ Yes ___ Have you applied for SSI/SSD? No ___ Yes ___ Will you apply for SSI/SSD?
No ___ Yes ___

Have you ever lived in Transitional Housing before? No ___ Yes ___

If yes, where: _____ When: _____ Why did you
leave? _____

What type of treatment have you received in the past: (circle the ones that apply):

Individual therapy - Group therapy - Substance abuse treatment - In-home case Management - Intensive
outpatient - Inpatient care Residential care - Partial hospitalization

If you are currently incarcerated on parole or probation or in treatment please explain which one and why:



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What are your feelings about being convicted and incarcerated or on probation or parole for your crimes?

Why did you choose to apply to the Passages Program?

What does it mean to you to change your life?

What kind of job have you worked before and for how long?

What would you like to do when you are released (work; school; live with family/spouse/boyfriend)?

Signature: _____ Date: _____

Contact Information: _____

RETURN THIS FORM TO: Passages, P.O. Box 9614, Rapid City, SD 57709

or email to passagesliving@gmail.com