

**Abe Brown Ministries, Inc.**  
**Transitional Living Program**  
**Objectives and Eligibility**

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The Transitional Living Program (TLP) of Abe Brown Ministries is a **12 month program** established to provide the ex-offender with a safe residence, afford him the opportunity to attain employment, assist him in re-acclimating to society, and disciple him in living accountably and productively in the mainstream of life.

Abe Brown Ministries realizes that you can't motivate non-motivated people. However, we believe the Ministry can create an environment where ex-offenders who are motivated and committed to changing their life can do so.

Abe Brown Ministries seeks to build upon and enhance the motivations of ex-offenders accepted into the program based upon its commitment to changing lives and communities, one person at a time. **Abe Brown Ministries request a referral from Chaplaincy Services verifying involvement in religious programs and services.**

**Objectives of TLP are to provide:**

- An environment which is safe, structured and disciplined to support productive living and good citizenship
- An environment conducive to developing and enhancing existing life skills
- An environment that will foster self respect, respect for others and healthy relationships
- An environment conducive to job search
- An environment that will allow the resident to focus on developing the inner man which will stabilize his life
- An environment that fosters gradual reconciliation with family members and others

TLP can be likened to a small community. As with any community, everyone should strive to maintain a peaceful environment for everyone to benefit. A spirit of cooperation and respect for others, regardless of one's differences, is expected at all times. **Violence, aggression and dishonesty will not be tolerated.**

Thus, objectives of TLP are realized by:

- Maintaining a home, free of alcohol, drugs, cursing, and any other disrespectful or disruptive behavior; random drug tests will be administered.
- Maintaining an environment free of physical violence and aggression, credible threats to others, and compromised safety of TLP home
- Requiring the resident to perform thorough job search with respective reporting
- Requiring the resident to establish and develop a consistent life of devotion and solitude, while actively exercising their faith
- Providing counseling to participants, relative to any practical area of life
- Connecting to the community in a positive manner

Abe Brown Ministries is not a licensed medical, clinical, or substance abuse treatment facility. Core principles of the TLP program include spiritual growth and development, employment, accountability and responsibility. The Ministry is committed to maintaining a safe and neighbor-friendly environment. Therefore, potential candidates who will not be accepted are those with:

- A Medical or Mental Health Condition that is beyond TLP's capacity and capability to treat and manage
- A Medical or Mental Health Condition that prohibits a program participant from participating in the program
- Conviction of a Sexual or Pedophile Crime

**Note: All Participants must submit to a blood screen upon acceptance into the program.**

As with any other structured transitional program, rules and regulations apply. A person must complete the Transitional Living Program Application, be personally interviewed, and sign the TLP Mutual Covenant in order to be considered for approval into the program. An Action Plan will be developed, individually and specific to each participant, that will include a plan of action for job search and spiritual growth and development. This Action Plan will be reviewed, one-on-one, regularly with each participant.

An Exit Interview with participants will be conducted upon discharge.

I, \_\_\_\_\_, have read the above Objectives and Eligibility for Abe Brown Ministries' Transitional Life Program and completely understand what is expected of me as a participant in this program.

**ABE BROWN MINISTRIES, INC.**  
**Transitional Living Program Application**

**PERSONAL HISTORY**

1. Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
(First) (Middle) (Last)

2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

3. Parent's Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

4. Parent's Address: \_\_\_\_\_  
(City) (State) (Zip)

Were your parents married? Yes  No

Are they available to support you toward your rehabilitation? Yes  No

5. Are your parents separated or divorced? Yes  No

6. Do you possess a valid driver's license? Yes  No

Type: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

7. Rehabilitation centers attended:

a. Name: \_\_\_\_\_ Date: \_\_\_\_\_

b. Name: \_\_\_\_\_ Date: \_\_\_\_\_

c. Name: \_\_\_\_\_ Date: \_\_\_\_\_

d. Name: \_\_\_\_\_ Date: \_\_\_\_\_

e. Name: \_\_\_\_\_ Date: \_\_\_\_\_

8. Number of times you stayed in a mission: \_\_\_\_\_

9. List and describe any existing medical, mental, or physical condition you may have. \_\_\_\_\_

Describe all treatment that you have had for identified conditions or illnesses.

10. Do you have a substance abuse dependency or addiction? Yes  No  Occasionally

Alcohol  Illegal Drugs  Prescription Drugs  Multiple Drugs

Explain: \_\_\_\_\_

11. When is the last time you use substance(s) and what provoked you to use

Explain: \_\_\_\_\_

Have your substance use affected your life in a negative way?

Explain: \_\_\_\_\_

12. Have you sought substance abuse treatment or attended: Residential program  Outpatient program   
 NA meetings  AA meetings  Support groups  Correctional Institution program

Explain: \_\_\_\_\_

13. If you are a naturalized citizen, please give the following:  
 a. Certificate Number: \_\_\_\_\_ Date entered U.S.: \_\_\_\_\_  
 b. Where Certificate was issued: \_\_\_\_\_  
 c. Date of finalized papers: \_\_\_\_\_
14. Do you receive any of the following: All Applicants  
 a. Social Security Check:   
 b. Veteran's Check:   
 c. Disability Check:

**INCARCERATION HISTORY**

1. Last Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (City) (State) (Zip)

2. DC#: \_\_\_\_\_  
 3. If you will be on Community Supervision, please check the appropriate one, if applicable.  
 Probation  Parole  Contract Parole  Work Release   
 Supervision Expiration Date: \_\_\_\_\_  
 Probation Officer Name: \_\_\_\_\_  
 Probation Officer Phone #: \_\_\_\_\_

5. How many times have you been incarcerated (list below): \_\_\_\_\_

	INSTITUTION	DATE
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

6. Have you been convicted of a sex crime? \_\_\_\_\_

7. List all charges, convictions, and other depositions received, giving dates, places and outcome:

	OFFENSE	PLACE	DATE	SENTENCE
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

**FAMILY HISTORY**

1. Marital Status: Married  Single  Separated  Divorce  Widowed   
 Unmarried but in a bonded relationship

2. Spouse's/Significant others name Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. If separated, how long? \_\_\_\_\_ If divorced, how long? \_\_\_\_\_

4. What was the reason for your divorce? \_\_\_\_\_

5. How many times have you been married? \_\_\_\_\_ How many total times have you been married? \_\_\_\_\_

6. How many children do you have? \_\_\_\_\_ (List them below)

NAME	AGE	School Grade	Caretaker While Incarcerated	Caretaker Relationship to Children
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. List all dependents you want to support, including yourself:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES**

Please provide 3 references whom we can contact on your behalf (not an inmate or ex-offender):

	NAME	POSITION	PHONE #
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

**EDUCATIONAL HISTORY**

1. Grades completed

a. High School: Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Diploma  G.E.D.  Last Grade Completed: \_\_\_\_\_

Please check the highest Reading Level which you achieved:  
 Elementary school level  Middle school level  High school level

b. College: Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Degree Sought or Attained: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate and complete employment record. Start with present or most recent employer. Include military experience, if applicable.

***Position #1***

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

***Position #2***

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

***Position #3***

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Pay: \_\_\_\_\_

Describe your work: \_\_\_\_\_

**Position #4**

Please explain any work experience or work related training you had while incarcerated.

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May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I acknowledge that the information contained in this document is true and accurate to my knowledge.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

**Office Use Only**

Interview By \_\_\_\_\_ Referred By \_\_\_\_\_

Institution \_\_\_\_\_ Release Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_