



## Application for Life School & Residency

**Please Read First.** You must answer every question, otherwise your application will not be considered. If a question is not applicable, indicate with "N/A" or "None".

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

**PLEASE PRINT PLAINLY-with BLACK or BLUE pen**

Name \_\_\_\_\_ ID/SID/TDJ# \_\_\_\_\_ POD \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Dress Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

Languages: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about Lifeway Haven? \_\_\_\_\_

Have you applied before?  Yes  No Are you currently in a faith based dorm?  Yes  No

If yes, what is the name of the dorm: \_\_\_\_\_

If you graduated from a faith based dorm, which one? \_\_\_\_\_

Date eligible for parole? \_\_\_\_\_ Have you had your parole board hearing?  Yes  No

If yes, date? \_\_\_\_\_ Have you been granted parole?  Yes  No

If yes, do you have an approximate release date? \_\_\_\_\_

Charges (Include all present and past violations, traffic violations and date of each violation.)

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Number of times you have been incarcerated? \_\_\_\_\_ Number of Years? \_\_\_\_\_ Months? \_\_\_\_\_

How many disciplinary write-ups (cases) have you had over the past two years? \_\_\_\_\_

List reason and date of **all major** disciplinary cases since you have been incarcerated:

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List all self-improvement programs (personal growth) you have completed while incarcerated. *Please list them in the order you felt were most beneficial to you.* \_\_\_\_\_

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List work/training skills you have learned while incarcerated \_\_\_\_\_

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Highest level of high school education? \_\_\_\_\_ Year Graduated \_\_\_\_\_ GED \_\_\_\_\_

Trade School \_\_\_\_\_ College \_\_\_\_\_ Number of Years? \_\_\_\_\_ Graduated?  Yes  No

Type of Degree \_\_\_\_\_ Name of School \_\_\_\_\_

List Talents and Gifts: \_\_\_\_\_

Relationship Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Common Law \_\_\_\_\_ Boyfriend \_\_\_\_\_ Widow \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Who has custody?

\_\_\_\_\_ Custodian's Phone Number \_\_\_\_\_

Do you have legal custody?  Yes  No Is CPS involved?  Yes  No

List any dental problems. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical/physical problems within the past 10 years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all current medications and number of years taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been diagnosed with any of the following?

**HIV/AIDS**  Yes  No    **HEP A**  Yes  No    **HEP B**  Yes  No    **HEP C**  Yes  No

List all current, or past, mental health disorders or conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken psychotropic drugs?  Yes  No    Are you currently?  Yes  No

If yes, were you taking psychotropic drugs before you were incarcerated?  Yes  No

**Please know, if accepted into the Lifeway Haven program, you will be required to sign a medical release of information form.**

Date you last used: Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Illegal Drugs \_\_\_\_\_

Type of Drugs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**RELEASE OF INFORMATION AND STATEMENT OF ACCURACY AND TRUTHFULNESS:**

I, \_\_\_\_\_, hereby authorize Lifeway Haven to obtain any information pertaining to any charges, convictions, medical data and personal information. I also give Lifeway Haven, Inc. permission to use any information on my Application for Life School and Residency form. By my signature below, I acknowledge that all the information presented on the application is true and correct.

I understand that if I am accepted into the Lifeway Haven program and it is later determined that some information was omitted or inaccurate, your residency will be revoked.

\_\_\_\_\_  
(Signature) (Print Name) (Date)

If accepted, you will be given an acceptance letter to show to your attorney, probation officer and judge. Please mail the completed application to the address below:

**Lifeway Haven  
Post Office Box 8871  
Waco, Texas 76714**

(Revised 12/7/19)