



KINGDOM BOUNDARIES

Cover Letter & APPLICATION

Kingdom Boundaries Prison Aftercare (KBPA) is a non-profit Christ centered ministry designed to assist individuals that are seeking assistance when re-entering society.

Our vision is to “To lower recidivism (the return rate of inmates to prison) by fostering Christian character one person at a time.”

Our mission is to “form healthy relationships between Christian mentors and ex-offenders, regardless of their past indiscretions, so that the ex-offenders can safely re-enter society. KBPA will come alongside men and women to help them discern God’s love, will, and direction for their lives; at the same time, it will make available practical assistance to become productive and independent citizens.”

To help assist KBPA in this process we ask that you fill out to the best of your ability this **Application**, agree to the **Covenant Agreement**, and complete the **Christian Fundamentals Questionnaire**, and **Spiritual Gifts Assessment**.

KBPA will not make public this information and it will be used only by KBPA directors and staff to better assist you as you start your new life outside the walls. This information will also help KBPA identify items that can be addressed before release and make for a smoother transition back into society. Also, this information will be used to match individuals with mentors. A key to success when re-entering society is to stay in contact with a mentor, someone that can provide advice, a listening ear and encouragement.

(Print) I, _____ give Kingdom Boundaries Prison Aftercare permission to use this information to better assist me as I leave this facility and re-enter society. I understand this information will remain confidential and will be used solely for my benefit.

Sign _____ Date ____/____/____

***Please fill out completely, answering all questions that apply to you.
Please indicate with NA (not applicable) any questions that do not.
Thank You!***

1. PERSONAL DATA:

Name: _____ DOC#: _____ Cell#: _____

Birthdate: _____ Sex: _____ Marital Status: _____

Current Location: _____

Release Date: _____ Flat: ____ or Initial Parole: ____; Parole hearing Date: Month: _____ Year: _____

Veteran: ____ Which branch of Service: _____ Honorable Discharge: Yes: ____ No: ____

Pre-incarceration housing situation; lived with: Spouse: ____ Parents: ____ Relative: ____

Friend(s): ____ Girlfriend: ____ Boyfriend: ____ Lived Alone: ____ Homeless: ____

Previous Home Address: _____

Do you expect to return to this address when released? _____

Desired living situation when released? _____

Emergency contact information:

1. Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: ____ / ____ / ____ Cell-phone Number: ____ / ____ / ____

Relationship to you: _____ E-mail address: _____

2. Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Number: ____ / ____ / ____ Cell-phone Number: ____ / ____ / ____

Relationship to you: _____ E-mail address: _____

2. Family:

Did you grow up with both parents in the home? _____

Were you adopted? ____ If yes, at what age? ____ If yes, do you know your biological parents? _____

How would you describe your relationship with your parents? (Biological and/or adopted) _____

List those adults whom you would consider being your closest family members. May the aftercare director contact them for reference information? _____ If so, please include address and phone numbers.

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____

E-mail address: _____ Date of last contact: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____

E-mail address: _____ Date of last contact: _____

3. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____

E-mail address: _____ Date of last contact: _____

List all children and/or other individuals whom you will have contact with when you are released.

Name: _____ Age: _____ Relationship: _____

Reason for contact: _____

_____ Date of last contact: _____

Name: _____ Age: _____ Relationship: _____

Reason for contact: _____

_____ Date of last contact: _____

Name: _____ Age: _____ Relationship: _____

Reason for contact: _____

_____ Date of last contact: _____

In what ways might your family be helpful to you when you are released? _____

Will your family create problems for you when released? Yes: ____ No: ____ How? _____

If married or in a relationship, how would you describe the relationship on a scale of 1-10, with 10 being great and 1 on the verge of divorce? ____ Explain: _____

Is marriage counseling desired? Yes ____ No ____

If not in a relationship, how quick after your release do you want to get back into one? _____

Have you lost any one close to you while incarcerated? Yes ____ No ____

Relationship: _____ Date ____ / ____ / ____

3. Abuse, alcohol, and drug history:

Were you abused physically? ____ Sexually? ____ Emotionally? ____

Please explain the best you can: _____

Did you grow up in an environment where drugs and alcohol were used? ___Yes___ No: Please describe what was used and to what extent and by whom? _____

Is there a history of alcohol abuse? ___Yes ___ No: List alcohol treatment programs and dates: _____

List any history of drug use:

Drug:	Age first and last taken:	Treatment provide, when and where:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your chemical/drug(S) of choice: _____

1. Drug: _____ Date of last use: _____ How often did you use: _____

Method of Use: Inject: ____ Snort: ____ Oral: ____ Other _____

2. Drug: _____ Date of last use: _____ How often did you use: _____

Method of Use: Inject: ____ Snort: ____ Oral: ____ Other _____

3. Drug: _____ Date of last use: _____ How often did you use: _____

Method of Use: Inject: ____ Snort: ____ Oral: ____ Other _____

Previous or current treatment program (s): ____ YES ____ NO

Number of programs in which you have participated: _____

Name(s) of programs: _____

Contact person at treatment program: _____

Longest period of sobriety: _____ Do you have current desire to use? ____ YES ____ NO

What led to your relapse? _____

Relapse pattern: _____

Do you have a relapse prevention program? __ Yes __ No If yes, Describe: _____

Substance Abuse: (check all that you have used)

___ Alcohol

___ K2

___ Amphetamines (uppers)

___ LSD

___ Barbiturates (downers)

___ Marijuana

___ Cocaine

___ Meth

___ Crack

___ Mushrooms

___ Ecstasy

___ Over the Counter Drugs

___ GHB/MDMA

___ PCP

___ Heroin

___ Prescription Drugs

___ Huffing/Sniffing

___ Other: _____

If drugs or alcohol were /or are a problem, would you like more treatment or a mentor upon release? Yes ___ No ___

Explain: _____

Do you use tobacco? ___ YES___ NO: If yes, check all that apply: ___ Cigarettes ___ Chew/snuff

Emotional Pain and Behavior Self-evaluation:

Please rate your emotional pain from 0 to 10 with 10 being the greatest. Please mark all that apply:

- | | | |
|-----------------------|-----------------------|-------------------------|
| ___ Abandonment | ___ Depression | ___ Self hate |
| ___ Anger/resentment | ___ Fearful | ___ Sexual Abuse |
| ___ Attempted suicide | ___ Guilt | ___ Shame |
| ___ Betrayal | ___ Physical Abuse | ___ Thoughts of Suicide |
| ___ Bitterness | ___ Rejection | ___ Verbal Abuse |
| ___ Criticism | ___ Self-condemnation | ___ Victim |

Check any behaviors listed below that you have in reaction to your emotional pain:

- | | | |
|----------------------|--------------------------|---------------------|
| ___ Aggressive | ___ Extreme independence | ___ Revengeful |
| ___ Anorexia/Bulimia | ___ Hostility | ___ Running Away |
| ___ Compulsive | ___ Irresponsible | ___ Sexual |
| ___ Cutting/Burning | ___ Judgmental | ___ Stealing |
| ___ Defensive | ___ Lying | ___ Substance Abuse |
| ___ Dependence | ___ Manipulative | ___ Verbal Abuse |
| ___ Dishonest | ___ Overeating | ___ Violence |
| ___ Dramatic | ___ Perfectionist | ___ Withdraw |

4. EDUCATION:

Highest grade completed: _____ Diploma? _____ or GED: _____ Date ___ / ___ / _____

College: _____ Degree: _____

Major: _____ Vocational Training: _____

List certificates earned: _____

Do you want to continue your education after you are released? _____ If yes, in what field of study?

What help might you need in doing so? _____

What certificates have you earned and have a copy of while incarcerated? _____

5. EMPLOYMENT:

List your employment history beginning with the most recent before incarceration:

1. Employer: _____ Starting date: _____ Ending date: _____

Address: _____ City: _____ State: _____ Zip _____

Type of job: _____

2. Employer: _____ Starting date: _____ Ending date: _____

Address: _____ City: _____ State: _____ Zip _____

Type of job: _____

List any important information about these jobs: _____

What jobs have you held while incarcerated? _____

What kind of job would you like upon release? _____

Describe the help you think you will need looking for a job: _____

May the aftercare director contact your former employers for reference? _____

6. FINANCIAL STAUS:

Are you working? ____ Yes ____ No If yes, where? _____ Hours: _____

Supervisor: _____ Department: _____

Monthly income from job: _____ How long at this employment? _____

Income before incarceration?

Social Security ___ YES ___ NO monthly income \$ _____

Disability ___ YES ___ NO monthly income \$ _____

Retirement ___ YES ___ NO monthly income \$ _____

Un-earned income ___ YES ___ NO monthly income \$ _____

Eligible assistance upon release

General Assistance ___ YES ___ NO County _____

Medical Assistance ___ YES ___ NO County _____

Food stamps ___ YES ___ NO County _____

SSI or disability ___ YES ___ NO County _____

Has assistance been applied for? ___ YES ___ NO County _____

Do you have a SS card? ___ YES ___ NO If no, has one been applied for? _____ Yes ___ No

Do you have a copy of your Birth Certificate? ___ Yes ___ No: If no, has one been applied for? _____ Yes ___ No

Do you have a government photo ID? ___ Yes ___ No Driver's License? ___ Yes ___ No Expired: ___ Yes ___ No

Please indicate the total current balance or present value for each of the following:

\$ _____ Cash \$ _____ Mutual Funds \$ _____ 403 (B) Plan

\$ _____ 401 (K) plan \$ _____ Savings Bonds \$ _____ Checking Account

\$ _____ Stocks \$ _____ Retirement Account \$ _____ IRA Accounts

\$ _____ Savings Accounts \$ _____ Trust Fund \$ _____ Other Pension plans

\$ _____ Tools or trade \$ _____ Bonds \$ _____ Personal property

Debts:

Do you have any unpaid student loans? YES ___ NO ___ Balance \$ _____

Do you have any unpaid personal loans? YES ___ NO ___ Balance \$ _____

Do you have any unpaid vehicle loans? YES ___ NO ___ Balance \$ _____

Do you have any home mortgage loans YES ___ NO ___ Balance \$ _____

Have you co-signed for any unpaid loans? YES ___ NO ___ Balance \$ _____

Do you have any unpaid medical bills? YES ___ NO ___ Balance \$ _____

Do you have any credit card debt? YES ___ NO ___ Balance \$ _____

Do you have any unpaid fines/court cost? YES ___ NO ___ Balance \$ _____

Do you have any unpaid restitution? YES ___ NO ___ Balance \$ _____

Are you required to pay child support? YES ___ NO ___ Balance \$ _____

Do you owe any back child support? YES ___ NO ___ Balance \$ _____

Do you have any other unpaid debts? YES ___ NO ___ Balance \$ _____

Assets:

Do you own a home? YES ___ NO ___ Total estimated Value \$ _____

Do you own any real-estate property? YES ___ NO ___ Total estimated Value \$ _____

Do you own any burial accounts? YES ___ NO ___ Total estimated Value \$ _____

Do you own any cash value life insurance? YES ___ NO ___ Total estimated Value \$ _____

Have you sold or transferred any property within the past 36 months? YES ___ NO ___ Value \$ _____

Do you have any vehicles? ___ YES ___ NO How many? _____

Vehicle #1 Make: _____ Model: _____ Value: \$ _____

Vehicle #2 Make: _____ Model: _____ Value: \$ _____

Vehicle #3 Make: _____ Model: _____ Value: \$ _____

Describe any help you might think you will need in handling your finances, payee etc.: _____

7. HEALTH:

Describe your current state of health: Good, Bad, etc.

Explain: _____

Name of Doctor: _____ Name of Clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last Physical: ___/___/___

Reason for Treatment: _____

Dental Health Information:

Name of Dentist: _____ Name of Clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last check-up: ___/___/___

Reason for Treatment: _____

Mental Health Information:

Name of Psychiatrist: _____ Name of clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last evaluation: ___/___/___

Reason for Treatment: _____

Insurance provider:

Name of Insurance Company: _____

Name of Insurance Agent: _____ ID & Policy #: _____

Address: _____

Phone Number: _____ Fax: _____

Medical Needs:

Present medical concerns: _____

List all physical, mental, or emotional health issues?

Are you currently taking medications? ___ YES ___ NO If yes, list medications: _____

Medical History: (Check all that apply by writing "C" if current, and "P" if in the past):

___ ADD ___ Anorexia ___ Bulimia ___ Drug Abuse

___ ADHD ___ Back Problems ___ Depression ___ Eating Disorder

- Alcohol Abuse Bipolar Diabetes Flashbacks
- Hallucinations HIV Virus Paranoia Sexual Abuse
- Head Trauma Homicidal Thoughts Physical Abuse
- Hearing Voices Insomnia Rape Suicide Attempt
- Heart Condition Mental Illness Respiratory Problems Suicide Thoughts
- Hepatitis (type) Multiple Personalities Schizophrenia Tuberculosis
- High Blood Pressure Nervous Condition Seizures Venereal Disease (STD)
- Other: _____

If you are receiving any psychiatric treatment, please explain: _____

Will you need surgery in the future? _____

Special needs: _____ Yes No Type _____

Do you have any type of disability? Yes No _____

Do you require a special diet? Yes No _____

Do you have any medical restrictions? Yes No _____

Do you have any allergies? Yes No _____

Do you have any chronic conditions? Yes No _____

Do you need any other type of special needs? Yes No _____

Explain other type of special need: _____

8. RELIGION:

List religious activities attended while incarcerated: _____

List certificates from these activities: _____

Will your religious convictions play a part in your re-entry into society? _____ If yes, how? _____

How would you describe: ***If you cannot do this it is ok, but then what would one question be of each?***
 God _____

Jesus _____

The Holy Spirit _____

PERSONAL INTEREST:

List any hobbies or other interests that you enjoy: _____

10. CASE HISTORY:

Nature of conviction: _____

Sentence: _____ Time served: _____

Check one: Flatting: ___ Initial Parole: ___ or Parole Hearing: ___ Month/year of hearing: _____

If violated _____ or detained _____, give brief explanation why returned to prison. _____

Case Manager: _____

Parole plan: _____

Release Date if Flatting or Initial parole: _____

Parole Officer: _____ PO phone # ____/____/_____

Need to register: Yes ___ No ___

List all other felonies and dates of incarcerated: _____

Criminal Activity: (check all that you have been involved with to date)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aiding and abetting | <input type="checkbox"/> Assault | <input type="checkbox"/> Attempted Rape | <input type="checkbox"/> Car Jacking |
| <input type="checkbox"/> Armed Robbery | <input type="checkbox"/> Attempted Assault | <input type="checkbox"/> Attempted Robbery | <input type="checkbox"/> Child Abuse/Neglect |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Attempted Murder | <input type="checkbox"/> Attempted Theft | <input type="checkbox"/> Child Endangerment |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Fraud | <input type="checkbox"/> Solicitation of Prostitution | |
| <input type="checkbox"/> Child Pornography | <input type="checkbox"/> Harassment | <input type="checkbox"/> Theft | |
| <input type="checkbox"/> Concealed Weapon | <input type="checkbox"/> Incest | <input type="checkbox"/> Use of Firearm in Crime | |
| <input type="checkbox"/> Criminal Sexual Conduct | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Violation of No Contact Order | |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Larceny | <input type="checkbox"/> Violation of Order of Protection | |

- Burglary
- Leaving Scene of Accident
- Violation of Restraining Order
- Disorderly Conduct
- Manslaughter
- Probation
- Other _____
- Domestic Violence
- Murder
- Rape
- Other _____
- Driving w/o a License
- No Contact Order
- Restraining Order
- Drug manufacturing
- No drink Violation
- Sex with Minor
- Drug Possession
- Order of Protection
- Shop Lifting
- DUI
- Possession of State Property
- Stalking
- DWI
- Prostitution
- Terrorist Threats
- Embezzlement
- Robbery
- Truancy
- Escape from Custody
- Sale of Controlled Substance
- Underage Drinking
- Fleeing or Eluding Police
- Vandalism
- Vehicular Homicide

Do you currently have any court cases pending? Yes ___ No ___ _____

Are you currently under investigation for anything? Yes ___ No ___ _____

Are you currently involved in any type of lawsuit? Yes ___ No ___ _____

Are you currently ordered to do community service? Yes ___ No ___ _____

Additional classes or programs that you will be required to take: _____

11. Additional information:

Who or what is going to keep you from coming back to prison or the lifestyle that brought you to prison? _____

What are your beliefs/desires concerning female relationships? (list at least 5 points) _____

Do you see marriage as an ordained institution by God? _____

If you are not married, is marriage a future goal? _____

What would be your purpose in getting married?

List the top 5 things you would like to see in your potential wife.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

What do you feel your greatest needs are going to be upon your release? _____

How can KBPA best come along side you upon your release? _____

What are some red flags that your mentor could watch for upon your release? _____

Why are you interested in being a part of Kingdom Boundaries Prison Aftercare? _____

12. List goals you have for yourself:

1 Month: _____

3 Months: _____

6 Months: _____

Where do you see yourself in 1 Year: _____

2 Years: _____

If accepted into KBPA, I will be willing to wait for a bed if one is not immediately available?

Yes _____ No _____

If accepted, I expect to be held accountable by KBPA staff and other residents. Other residents should report to KBPA staff any activity that is ungodly and any activity that violates the Covenant Agreement.

Yes _____ No _____

If accepted, I will help hold others accountable, including staff and residents by reporting to staff any activity that is ungodly and any activity that violates the Covenant Agreement.

Yes _____ No _____

If accepted, I agree to abide by KBPA's policy of no tolerance in usage of Marijuana (recreational or prescription).

Yes _____ No _____

In addition to completing this application a Covenant Agreement, Christian Fundamentals Questionnaire, and Spiritual Gifts Assessment must be completed.

You may also need to have a health physical, a urinalysis, and a criminal background check (at your expense). When the required documents have been completed and returned to Kingdom Boundaries Prison Aftercare (KBPA), the Program Manager and Director will review your application and you will be contacted regarding your acceptance/non-acceptance into KBPA housing. Thank you for your interest in Kingdom Boundaries Prison Aftercare and a positive lifestyle choice.

I authorize Kingdom KBPA staff to contact any individuals named in this application. Also, I authorize KBPA staff to exchange information with Board and Committee Members regarding application and acceptance.

Signature: _____

Date: _____

Dismissal:

I understand that any violation of KBPA guidelines could result in my immediate discharge and/or eviction from housing. No financial refund will be given and KBPA will not be held responsible for personal property left at KBPA properties.

Signature: _____

Date: _____

Submitted to: _____

Date: _____

Committee decision: _____

Kingdom Boundaries Prison Aftercare,
Directors,
Jeff and Rhonda Haverhals
605-695-0048
Sioux Falls, South Dakota

