



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

**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



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