



The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36305



Ark Dothan Inc. Discipleship Prison Transition Application

*THIS FORM IS FOR CURRENTLY INCARCERATED APPLICANTS. A CHAPLAIN OR COUNSELOR IS REQUIRED TO COMPLETE THE ARK RECOMMENDATION FORM FOR YOUR CONSIDERATION INTO THIS PROGRAM. PLEASE PROVIDE THE CHAPLAIN/COUNSELOR CONTACT INFO BELOW:
If you do not have a chaplain or counselor at your facility, you must instead include a copy of your conduct sheet.

Chaplain/Counselor Name *Phone* *Email*

First Name Middle Name Last Name Nick Name

Address City State Zip County

Phone Number: _____ Birth Date: mm/dd/yy _____

SS# _____ - _____ - _____ Email: _____

Emergency Contact Name: _____ Relationship _____

Phone Number: _____

Address City State Zip County

Do you have a valid driver's license? Yes No Number _____ State _____

Race: African American Caucasian Hispanic/Latino Native American

Asian/Pacific East Indian Other

Marital Status: Single Married Divorced Engaged Separated Widowed

Education: Do you have your high school diploma? Yes No

If not, do you have your GED? Yes No

If you have any other higher education or certifications, please list here: _____

Military Service: Yes No Branch _____ Highest Rank _____

Honorably Discharged: Yes No

Do you have any spiritual beliefs? Yes No

What is your religious preference? AOG, Atheist, Baptist, Buddhist, Catholic, Christian, Church of Christ, Episcopal, Evangelical, Hindu, Jewish, Jehovah's Witness, Methodist, Mormon, Muslim, Non-Denominational, No Religion, Pentecostal, Presbyterian, Protestant, Roman Catholic, Seventh Day Adventist, Wicca, Other, Unknown.

(Please list ONLY one): _____

Are you a member of a church: Yes No If yes, name of church _____

How did you hear about the Ark? _____

Have you ever been a resident at the Ark? Yes No If yes, when? _____

Have you been in a prior rehab? Yes No If yes, where? _____

What is your occupation? _____

Do you have income of any kind? Yes No

If yes, list any and all sources of income and amounts: _____

Are you receiving any government assistance of any kind? Yes No (Indicate all that apply):
Food Stamps Housing Medicaid SSI Disability Other

Have you ever been arrested or in jail? Yes No

Are you currently incarcerated? Yes No.

If yes, for what? How much time have you served and what is the remainder of your sentence?

List your convictions and dates:

Have you ever been convicted of a sexual offense? Yes No
If yes, describe the charge you were convicted of and where.

Have you ever been or are you currently affiliated with a gang or brotherhood? Yes No
If yes, which gang/brotherhood and when?

Physical Condition: Poor Fair Good

List any physical impairments _____

Where did you sleep last night? _____

When did you last use drugs/alcohol? _____

Reason for Needing Help: Briefly state the reason(s) you are asking the Ark Dothan Inc. to help you. List any/all addictions and/or problems you may have and how long you have had them.

I certify that the answers in this application are true and complete to the best of my knowledge. I certify that I am of sound mind and I am of legal age to enter this agreement.

Signature of Applicant

Date

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