

# Bethel Outreach Ministries

---

**Please send completed application to:**

**Bethel Outreach Ministries, 321 E 6<sup>th</sup> St., Cheyenne, WY 82007**

## Criteria for receiving assistance

- 1. You must have been released from incarceration within the last 6 months.**
- 2. Your stay in incarceration being 2 months or more.**
- 3. You have not received help from us in the last month: i.e. help with rent, utilities, deposits, Etc.**
- 4. You must attend all meetings you have been ordered to (AA, NA, IOP etc.)**
- 5. You must be willing to accept any job you can get (Labor Ready, fast food etc.) until something better comes along.**
- 6. You must sign a contract stating you have received help from Bethel and will try to pay us back when you get on your feet (no specific time). This allows us to help the next person released.**
- 7. Providing false or misleading information will result in assistance being denied.**
- 8. Incomplete and/or illegible applications may be immediately denied.**

Bethel Outreach Ministries

321 E 6<sup>th</sup> St.

Cheyenne, WY 82007

Questionnaire

Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

1. Where have you been released from?

\_\_\_\_\_

2. How long were you incarcerated? Release Date?

\_\_\_\_\_

3. When was the last time Bethel Outreach Ministries helped you?

\_\_\_\_\_

4. What did Bethel Outreach Ministries help you with?

\_\_\_\_\_

5. Have you re-paid any of the assistance you were given?

\_\_\_\_\_

6. What AA, NA or other recovery/re-entry meetings do you attend? How often?

\_\_\_\_\_

\_\_\_\_\_

7. What is your living situation? (i.e. Homeless, halfway house, with friend/family, apt)

\_\_\_\_\_

8. Who is your next of kin?

\_\_\_\_\_

9. Next of kin relationship?

\_\_\_\_\_

10. Anything that you think we need to know to help us determine eligibility or level of assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Incomplete, false or misleading information, or illegible applications may be grounds for denial of assistance)

# Bethel Outreach Ministries

## Client Intake Form

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Released From: \_\_\_\_\_ Incarcerated from: \_\_\_\_\_ to \_\_\_\_\_

Children's Names                      Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance Requested:

Employment \_\_\_\_\_ Dental \_\_\_\_\_ Vet Services \_\_\_\_\_ Housing \_\_\_\_\_ Vision \_\_\_\_\_ Welfare \_\_\_\_\_ Utilities \_\_\_\_\_ Hearing \_\_\_\_\_  
Child Care \_\_\_\_\_ Transportation \_\_\_\_\_ Food \_\_\_\_\_ Spiritual \_\_\_\_\_ Voc Training \_\_\_\_\_ Food Stamps \_\_\_\_\_ Legal \_\_\_\_\_  
Medical \_\_\_\_\_ Mental Health \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Bethel Outreach Ministries to share information with other organizations. To meet the needs of our clients we must be able to share information with our partners in order for our services to be efficient. Therefore ALL clients must sign the following release of information statement authorizing Bethel Outreach Ministries to share and receive their personal information.

I hereby authorize Bethel Outreach Ministries to release information about me to whomever and whenever Bethel Outreach Ministries deems necessary and appropriate. I further authorize all parties referred to in the application to share personal information with Bethel Outreach Ministries to verify the accuracy and authenticity of all information provided by applicant.

\_\_\_\_\_  
Signature of client/parent/legal guardian                      Date

**Bethel Outreach Ministries**  
**321 E. 6<sup>th</sup> Street**  
**Cheyenne, WY 82007**

Dear Client,

Our funds are limited and we must budget our expenditures very carefully as a result. We will not work with an individual on a "give-away" program, which simply supplies money for a client's perceived needs, and does not require responsibility and accountability to healthy life changes.

Bethel Outreach Ministries has instituted a program of accountability for our clients in order to better facilitate the client's successful re-entry into society as a positive and contributing member of that society and a member of the Body of Christ. This program includes working with client and the family long before release from incarceration to build the necessary rapport, recovery and re-entry plan, and support network. As Bethel deems needed, this includes being accountable to mentors, pen pals, a home Church, other Bethel staff members and volunteers and other community organizations which we partner with.

If you are interested in working with us according to these conditions, aspiring to us helping you build the necessary re-entry program for a truly successful re-entry and life as a Christian in following Christ, please complete the application for assistance and sign below.

I, \_\_\_\_\_ do hereby agree to pay in full all monies spent on my behalf according to Bethel Outreach Ministries accounting and agree to be accountable to the parties listed above as Bethel Outreach Ministries deems necessary. I will accept the schedule and method of payment as outlined by Bethel Outreach Ministries.

**NEXT OF KIN (NOK) INFORMATION**

NOK First Name: \_\_\_\_\_ NOK Last Name: \_\_\_\_\_

NOK Address: \_\_\_\_\_

NOK City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NOK Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Loan Amount: \$ \_\_\_\_\_

(Do Not write on this line, filled out by Bethel Personnel)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date