

# Application for Viewpoints Transitional Housing Program

(Last Revision of this Document: March, 2023)

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

LAST

FIRST

MIDDLE

DOC #: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

ALTERNATIVE EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

HEALTH:

Have you been given a clinical diagnosis in the last ten years? If yes, please explain:

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

List any treatment and/or prescribed medication: \_\_\_\_\_

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

Are you willing and able to work a full-time job? Yes  No

If No, Please explain?

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

Are you currently taking any prescription medication? If yes, please list:

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Have you ever been prescribed medication for a mental health diagnosis? If yes, please list the diagnosis and all associated prescription medications:

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Do your mental health concerns affect your daily living? If yes, please explain:

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Are you vaccinated for COVID? If not, are you willing to get vaccinated for COVID (required for acceptance to our program)? Yes  No

Have you been tested for tuberculosis (TB) in the past 12 months? Yes  No

If yes, what were the results of the test? \_\_\_\_\_

**ALCOHOL AND DRUG HISTORY:**

Do you now or have you ever abused drugs or alcohol? Yes  No

If yes, please list your those drugs, including alcohol:

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Did you attend and/or complete treatment: Attended: Yes  No  Completed? Yes  No

How do you plan to stay drug free/sober? \_\_\_\_\_

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EDUCATION:

Highest Grade Completed: \_\_\_\_\_ GED? \_\_\_\_\_

Did you attend college?  Yes  No      Do you have a degree?      Yes       No

Type of degree: \_\_\_\_\_

What school did you attend?: \_\_\_\_\_

Do you have trade skills? If yes, which trade:

\_\_\_\_\_

Do you have a trade certificate?      Yes        No

MILITARY SERVICE:

Have you served in the military?      Yes       No

Do you have Combat Experience:      Yes       No

Years of Service: \_\_\_\_\_ Type of Discharge:

\_\_\_\_\_

EMPLOYMENT HISTORY:

Were you employed at the time of your arrest?      Yes       No

If so, where? \_\_\_\_\_

What type of work? \_\_\_\_\_

Do you have a disability of any kind?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What is your employment plan or desire upon release: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CRIMINAL RECORD:

Current Charge(s): \_\_\_\_\_

Current Conviction (if different): \_\_\_\_\_

Current Sentence: \_\_\_\_\_ Did you take a plea deal? Yes  No

When were you incarcerated on these charges? \_\_\_\_\_

Date Incarcerated: \_\_\_\_\_ Parole Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Institution: \_\_\_\_\_

Was this a Parole/Probation violation? Yes  No

If yes, what were the circumstances of the violation? \_\_\_\_\_

\_\_\_\_\_

How long were you in the community before you violated? \_\_\_\_\_

Upon release, will you be under supervision in the community? \_\_\_\_\_

Will you be required to register on the sex offense registry? Yes  No

Are there any other conditions of your supervision: \_\_\_\_\_

\_\_\_\_\_

Will you be, or are you on Lifetime Supervision (ankle monitor)? \_\_\_\_\_

**PAST CRIMINAL HISTORY**

Number of Previous Adult Felony Convictions: \_\_\_\_\_ Number of times incarcerated: \_\_\_\_\_

Number of years (of your adult life) that you have spent in prison (since age 18): \_\_\_\_\_

Have you spent time in juvenile facilities? Yes  No

If yes, what were the charges? \_\_\_\_\_

\_\_\_\_\_

Please list ANY and ALL violations received in the past 3 years of your incarceration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any additional information about yourself that might be pertinent in our decision to admit you to our program? \_\_\_\_\_

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Facility (if applicable): \_\_\_\_\_

PO or Case Worker Contact Info (if applicable): \_\_\_\_\_

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Please mail the completed application to:  
Application, Viewpoints, PO Box 1286,  
Ballwin, MO 63022  
or email to [info@viewpoints-stl.org](mailto:info@viewpoints-stl.org)