



(Please MAIL back to **Destiny Grace Homes LLC P.O. Box 6314 Texarkana, Texas 75501**)

Destiny Grace Homes LLC
TRANSITIONAL HOME APPLICATION

PERSONAL INFORMATION			
PLEASE PRINT CLEARLY			Date:
Current Unit Name:		Address:	
Release Date:	Is this application <input type="checkbox"/> Voluntary or <input type="checkbox"/> Parole Mandate?		
Full Name: (Last, First, Middle)			TDCJ ID #
Age:	Date of Birth:	Birth City & State:	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country?			
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which State and Class?			
Do you receive any of the following? <input type="checkbox"/> Social Security Check <input type="checkbox"/> Veteran's Check <input type="checkbox"/> Disability Check			
Address (prior to incarceration):		City/State	Zip Code
How long did you live there?		Who did you live with?	
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Name of Spouse: (Last, First, Middle)			Phone # ()
Address:		City/State:	Zip Code
Is your spouse a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country?			
Children (if applicable) Use additional paper if not enough space below.			
Name of Child(ren)	Gender (M/F)	Age	Lives with?
1)			
2)			
3)			
4)			

FAMILY HISTORY			
Father: (Last, First, Middle) <input type="checkbox"/> Living <input type="checkbox"/> Deceased			Phone # ()
Mother: (Last, First, Middle) <input type="checkbox"/> Living <input type="checkbox"/> Deceased			Phone # ()
Who raised you? <input type="checkbox"/> Both parents <input type="checkbox"/> Single parent <input type="checkbox"/> Adopted parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other			
Sibling(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		How many Brother(s)?	How many Sister(s)?
Do you have any contact with them? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, with whom and how often?			

SUBSTANCE ABUSE INFORMATION

Alcohol Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No		At what age did you take your first drink?
Preference: <input type="checkbox"/> Liquor <input type="checkbox"/> Beer <input type="checkbox"/> Wine		
Did you drink to get <input type="checkbox"/> a buzz or <input type="checkbox"/> or drunk?	In 30 days how much did you spend on alcohol? \$	
Did your use of alcohol ever effect your employment, finances, or relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how and in what areas?		
Drug Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No		At what age did your usage begin?
Preference: <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Heroin <input type="checkbox"/> Other		
Purpose for your usage?	In 30 days how much did you spend on drugs? \$	
Did your use of drugs ever effect your employment, finances, or relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how and in what areas?		
What are your feelings towards your alcohol/drug history?		

CURRENT PERSONAL ISSUES

Do you have a current problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe briefly
What have you done about it?
Can DESTINY GRACE HOMES LLC help you? How?
Honestly describe what kind of person you are? (Kind hearted, hard working, charitable, timid, etc.)
What is your greatest fear?
Anything you would like to share with us?

MEDICAL & MENTAL HEALTH INFORMATION

Rate your Health (Check one): <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
List all important present or past illnesses, injuries, or handicaps: (examples: cancer, diabetes, tuberculosis, surgeries, amputations)
Are you presently taking prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list your prescriptions
Do you suffer from severe emotional problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:
Have you ever been diagnosed or treated for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details:
Have you ever been hospitalized for mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when, where and for how long?
Have you recently suffered the loss of someone who was close to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who and how has this affected you?
In the past 10 years, have you had a medical diagnosis of or have you ever received medical treatment for:
<input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) <input type="checkbox"/> AIDS-Related Complex (ARC), <input type="checkbox"/> Human Immunodeficiency Virus (HIV)
<input type="checkbox"/> Other disorder of the immune system <input type="checkbox"/> Not Applicable
Please name any other health problems not listed above:

EMERGENCY CONTACTS (Minimum of 2)

Name: (Last, First, Middle)	Phone # ()
Relationship:	Length of Relationship:
Name: (Last, First, Middle)	Phone # ()
Relationship:	Length of Relationship:

CRIMINAL HISTORY & PENDING LEGAL INFORMATION

Have you ever been arrested or incarcerated before (prior to current incarceration)? Yes No If so, answer below

Charge & Date of Sentence	Details	Sentence & Amount of Time Served	Completed Successfully or Revoked?
<i>Example: Theft of 20k+ 08/01/2002</i>	<i>Example: I took money from my employer</i>	<i>Example: 18 yr sentence Paroled in 9 yrs</i>	<i>Example: Made parole in 2011 Revoked for not reporting</i>

What influenced you to commit your offense(s)?

Do you have a history of violence? Yes No If so, please explain:

Have you been convicted of a sexual assault? Yes No If so, please explain:

Are you registered as a sex offender? Yes No If so, what county are you registered in?

Do you have any outstanding legal problems? Yes No If so, please list and explain:

Do you have any outstanding fines? Yes No If so, please list:

Child support payments? Yes No If so, what are your arrangements:

Do you have Restitution obligations pending? Yes No If so, what are your arrangements:

EDUCATION & EMPLOYMENT HISTORY

Highest education level reached: Middle School High School GED Junior College University

Name and Address of school Did you graduate? Yes Date:
 No If not, why?

Education or Work Training History (Prior to Incarceration)

Name of Agency	Certificate/Training Earned	Date of Completion

Education, Vocational Training/Certificates, or Work Training (In TDCJ)

Title of Training	Certificate/Training Earned	Date of Completion

Employment History (prior to incarceration)

Start Date	End Date	Business Name & Address	Job Title & Duties

Once your application packet has been received and approved, we will contact the individual you designate to assist with your financial obligations. This person will be responsible for ensuring the required funds are forwarded to Destiny Grace Homes LLC. To receive your acceptance letter, a non-refundable administrative fee of \$150 and the first week's program fee of \$130 must be paid, totaling \$280.

You will receive two acceptance letters: one for your records and one to submit to parole. Please provide the name, address, phone number, email, and relationship of the person assisting you with this financial obligation in the space below.

Name: (Last, First, Middle)		Relationship:	
Address:	City/State		Zip Code
Email address:		Phone # ()	
Name: (Last, First, Middle)		Relationship:	
Address:	City/State		Zip Code
Email address:		Phone # ()	

DO NOT WRITE BELOW THIS LINE

- | | |
|---|---|
| <input type="checkbox"/> Reviewed application; | <input type="checkbox"/> Verified references |
| <input type="checkbox"/> Verified address; | <input type="checkbox"/> Fees received |
| <input type="checkbox"/> Verified contacts and employment; | |

Comments: _____

Pick up applicant? Yes No

Release date: _____

Releasing Unit: _____

DGH LLC employee assigned to pick up: _____

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