



# TITAN PROGRAM

## Application for Admission

Note: After completing your application please mail to: **Transitions for Life Foundation**  
**Att: Titan Re-Entry Program, 800 Westport Road Kansas City, MO 64111.**

### Personal Information:

Last, First \_\_\_\_\_

Alias/Nick Names \_\_\_\_\_ Phone number: \_\_\_\_\_

Hometown City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Number of Children? \_\_\_\_\_

Names and ages

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

Child Support Owed \_\_\_\_\_ To Whom \_\_\_\_\_

### Legal Information:

Inmate Number \_\_\_\_\_

Will you be on probation or parole? \_\_\_\_\_ For how long? \_\_\_\_\_

Name of probation/parole officer \_\_\_\_\_ Phone # \_\_\_\_\_

How often will you be required to report? \_\_\_\_\_

Do you physically report, or email in report? \_\_\_\_\_

Do you have to register for any of the following:  Violent  Drug  Sexual

**Purpose:**

What are your goals for this program? (Attach a separate paper if needed)

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

**Church/Religion/Spirituality:**

(If this does not apply to you, indicate N/A)

Religious/Spiritual Affiliation: \_\_\_\_\_

Current Denomination: \_\_\_\_\_

**Work History:**

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

Full-Time     Part-Time     Self-Employed     Temporary     Seasonal     Contract

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

Full-Time     Part-Time     Self-Employed     Temporary     Seasonal     Contract

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

Full-Time     Part-Time     Self-Employed     Temporary     Seasonal     Contract

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Medical Information:**

Are you currently under a doctor's care? \_\_\_\_ If yes, for what?

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

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

*Medications: Life sustaining medications only. Heart and Blood Pressure Medications. Psychotropic medications are NOT life sustaining medications. Our program does not allow any psychotropic medications in the program without prior approval. Any person requesting entry into the program and currently taking psychotropic medication **will undergo separate review. All cases are reviewed on a case by case basis.***

Please list all life sustaining medications:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

If you need to list additional medications, please attach additional sheet

Do you have any allergies?  Yes  No If yes, please indicate below type of allergy:

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

Do you have any physical limitations that would inhibit your ability to work?

Please Note: A doctor's written approval stating the specific physical limitation(s) is REQUIRED before admission to the program and should be submitted with this application.

Yes  No If so, please list

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

**Drug Treatment;**

I understand the Titan Re-Entry Program is not licensed by the State of Missouri as a drug treatment program.

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

I have read the above disclosure statement. I understand and agree to abide by these terms.

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

Printed Name \_\_\_\_\_

Site Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE ONLY: Date Received** \_\_\_/\_\_\_/\_\_\_

**Date Accepted** \_\_\_/\_\_\_/\_\_\_

**Date entered in program** \_\_\_/\_\_\_

**Approved by** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_