

Reset Missouri Application for Residency

Name: _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY #: _____ AGE: _____ DOB: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Daytime: _____ Evening: _____

ALTERNATIVE EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Daytime: _____ Evening: _____

CHILDREN:

of Children: _____ Ages: _____

Who is/are the Children's Guardian(s): _____

HEALTH:

Have you been diagnosed with any current health problems: If yes, explain:

List any treatment or medication prescribed: _____

Do you have any problems that will interfere with working?

Please mail the completed application to: Intake, Reset Missouri, PO Box 460366, St. Louis, MO 63146 or email to info@resetmissouri.org

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

Have you ever been prescribed medication for a mental health diagnosis or diagnoses?
If yes, please list medications and the diagnosis/diagnoses:

ALCOHOL AND DRUG HISTORY:

Do you now or have you ever abused drugs or alcohol? YES NO

If yes, please list your "drug of choice" including alcohol:

Did you attend and/or complete treatment:

YES/NO

Completed? YES/NO

How do you plan to stay drug free/sober? _____

EDUCATION:

Highest Grade Completed: _____ GED? _____

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

Name of degree: _____

What school did you attend?: _____

Do you have trade? If yes, what is the trade: _____

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Do you have a certificate in a trade? Yes No

MILITARY SERVICE:

Have you served in the military? Yes No

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? _____

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Who was your supervision officer? _____

How long were you in the community before you violated? _____

Upon release, will you be under supervision in the community? Yes No

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

Any other conditions of your supervision: _____

PAST CRIMINAL HISTORY

Number of Previous Adult Felony Convictions: _____

Number of times incarcerated: _____

Number of years in your adult life has been spent in prison (since age 18): _____

Have you spent time in juvenile facilities? Yes No

If yes, what were the charges? _____

What else should we know about you? _____

Signature _____ Date _____

Inmate Identification Number: _____ Current Facility:

_____ Probation Officer: _____

PO Contact Info: _____

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