

**Jesus is the Way Prison Ministry (JITWPM)
New Beginnings Aftercare Center (NBAC) Application**

Please read the following completely before filling out the enclosed NBAC application then Sign and Date the bottom of this sheet to state that you agree with 1. Our statement of faith, 2. Our application process and 3. All of the information being provided to you concerning our program

New Beginnings Aftercare Center is a residential Bible based discipleship program for Christian middle-aged men who choose to begin a new life based upon the righteousness of Christ in action. You will be required to commit to 10 months and agree to adhere to all of the rules and regulations of the program to graduate. It operates under the Department of Human Services State of Illinois guidelines as a licensed transitional living facility. Therefore it is an alcohol and drug-free atmosphere designed to help those who struggle with such substances. The ministry helps these men regain a sense of normalcy prior to full re-entry to society.

We believe the Bible is the inspired and only infallible and authoritative Word of God. We believe there is one God eternally existing in three persons: God the Father, God the Son, and God the Holy Spirit.

We believe in the deity of our Lord Jesus Christ, His virgin birth, sinless life, His miracles, His vicarious and atoning death, His bodily resurrection, His ascension to the right hand of God the Father, and in His personal future return to this earth in power and glory to rule over the nations.

We believe man was created good and upright but voluntarily sinned and thereby incurred both physical and spiritual death, which is separation from God. We believe regeneration by the Holy Spirit is absolutely essential for personal salvation. The redemptive work of Christ on the cross provides forgiveness, healing, and answers to believing prayers.

We believe the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.

We believe in the sanctifying power of the Holy Spirit by whose indwelling and filling the Christian is enabled to live a holy and Spirit-led life. We believe in the resurrection of the saved and the lost, the one to everlasting life and the other to everlasting damnation.

We believe the ministry of Jesus Christ today is committed to the church, His body and that ministry is “that ye love one another as I have loved you.”(John 15:12) “For I was hungry and ye gave me meat. I was thirsty, and ye gave me drink: I was a stranger, and ye took me in: Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.”(Matt. 25:35-36)

Our program is open first to men originally from Champaign County, IL then from the State of Illinois, and then from outside of Illinois. The staff at Jesus is the Way Prison Ministry reserve the right to accept or deny any person filling out applications for any reason.

Printed name of Applicant

Signature of Applicant

Date of Signature

This sheet must be signed and returned with the NBAC application for the application to be processed

**Jesus is the Way Prison Ministry (JITWPM)
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NUMBER OF CHILDREN: _____ HAVE YOU BEEN ORDERED CHILD SUPPORT: Y - N

NAMES OF CHILDREN: _____ AGE: _____ LIVES WITH: _____

EDUCATIONAL HISTORY: (Last year of school completed, circle one)

8 9 10 11 12 College: 1 2 3 4 Masters Ph. D.

LIST ALL CERTIFICATES, DIPLOMAS, AND DEGREES:

EMERGENCY CONTACT: **(MUST BE COMPLETED)**

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ PHONE: () _____

INCARCERATION INFORMATION:

NAME OF INSTITUTION: _____

COUNTY: _____ CITY: _____ STATE: _____

CORRECTIONAL CHAPLAIN'S NAME: _____

PROJECTED RELEASE DATE: _____/_____/_____

TYPE OF RELEASE:

_____ Parole _____ Maximum Sentence Release _____ Electronic Detention _____ Probation

OTHER: (EXPLAIN) _____

CURRENT CONVICTION: _____

PREVIOUS CONVICTIONS:

<u>OFFENSE SERVED</u>	<u>DATE CONVICTED</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____

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(USE ADDITIONAL PAPER IF NECESSARY AND ATTACH TO COMPLETED APPLICATION)

BRIEFLY SUMMARIZE YOUR ACTIVITIES WHILE INCARCERATED, PARTICULARLY THE LAST 24 MONTHS; i.e., WORK ASSIGNMENTS, RECREATION, EDUCATION, ETC.:

GIVE THREE REFERENCES IN THE INSTITUTION (NO INMATES):

NAME POSITION

MILITARY SERVICE: Branch: _____ Type of discharge: _____
 Date of service: _____ Length of service: _____

GENERAL INFORMATION:

WHY DO YOU WANT TO MAKE HOME WITH US DURING THIS TIME OF TRANSITION?

WHAT DO YOU THINK CAUSED YOUR CRIMINAL BEHAVIOR?

WHAT HAS CHANGED IN YOUR LIFE SINCE COMING INTO PRISON?

DO YOU HAVE ANY GANG AFFILIATION, PLEASE EXPLAIN:

WHAT ARE YOUR IMMEDIATE GOALS FOR THE NEXT SIX (6) MONTHS?

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WHAT ARE YOUR PERSONAL GOALS FOR YOUR LIFE IN THE NEXT TWO (2) YEARS?

HAVE YOU EVER PREVIOUSLY BEEN A RESIDENT AT JESUS IS THE WAY?

YES _____ NO _____

DO YOU PRESENTLY ATTEND CHAPEL PROGRAMMING i.e. SERVICES, BIBLE STUDY, CHOIR, SPECIAL SERVICES, ETC.?

YES _____ NO _____

IF YES, PLEASE LIST WHICH ONES:

DENOMINATION AFFILIATION: _____

LENGTH OF AFFILIATION: _____(YEARS OR MONTHS)

ARE YOU CURRENTLY RECEIVING VISITS FROM YOUR FAMILY, FRIENDS OR CLERGY

YES _____ NO _____

IF YES, PLEASE LIST WHOM:

EMPLOYMENT HISTORY: (MOST RECENT FIRST)

EMPLOYER'S NAME EMPLOYER'S ADDRESS FROM / TO RESPONSIBILITIES

(ATTACH YOUR RESUME AND/OR USE ADDITIONAL PAPER IF NECESSARY)

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT WILL AID US IN BETTER KNOWING YOU.

NEEDS

For which of the following topics do you have need?

Community Service: _____
Drug/Alcohol Treatment: _____
Money Management: _____
Anger/Violent Behavior: _____
Stress Reduction: _____

Past Trauma: _____
Relationship with Jesus Christ: _____
Character Building: _____
Job skills: _____
Work Ethic: _____

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Have you ever been diagnosed with a physical or mental condition?

_____ YES _____ NO

If yes, please explain: _____

Are you currently taking medication for this condition? If no, please explain why, how long since you stopped and if your doctor approved you to stop taking your medication...

_____ YES _____ NO

Explanation: _____

Medication Prescribed: _____

Amount and frequency of dosage: _____

Prescribing physician: _____

Please note if on medication you must send verification of your meds from the prison. Please request and send a current med sheet with this pack.

Please relay, how you will continue to stay on medication as prescribed while in the program (who will pay for the medication?): _____

MEDICAL UNDERSTANDING FORM

I, _____, understand that while NBAC provides me food, shelter, clothing, counseling, job training, and job placement - they are not responsible for any medical bills that I might incur while undergoing the program. I will be responsible for all my medical bills including dental, doctor, prescription, and hospital bills. Although the ministry will assist me in connecting with available resources for medical/dental needs; I am still responsible for my own medical/dental bills. I also acknowledge the ministry isn't a medical facility and therefore I will not be eligible for services such as surgeries/medical conditions which would make it impossible for me to meet my program requirements. I further acknowledge that the ministry has limited case management resources such as transportation to such services outside the perimeter of the program schedule.

Printed name

Signature

Date: _____

NBAC Staff: _____

1. Have you been diagnosed with a drug/alcohol abuse/addiction diagnosis? If so, what? _____
And If so, have you been in treatment if so, when? _____

2. Have you ever had a Hepatitis vaccine, if so when? _____

3. When was your last TB shot? _____

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Authorization For Release Of Records

I, _____, DOC number, _____,
do hereby authorize the State Department of Corrections and all institutions involved as listed to
release any information they have on file regarding me:

- O.T.S. Executive and Scoring Summaries
- Statement of Facts / Current Conviction
- Rap Sheets (FBI, State Police and Counties)
- Medical and Psychiatric
- Disciplinary / Tickets
- Attendance records of AA/NA or religious services
- Other (specify)

Other (specify)

Any records and/or verbal information requested from my files from the Department of
Corrections or any other institution may be released to New Beginnings Aftercare Center of Jesus
is the Way Prison Ministry. Said records are to be used exclusively for purposes of placement and
referral.

I hereby release the Department of Corrections or any other institution, its agents and employees
from any and all liability resulting from the release of this information or from its subsequent
distribution.

I certify that I have read the above and freely and voluntarily signed my name hereto.

Applicant's Signature

Date

