

Transitional Aftercare Network Participant Application Form

Name: _____ Release Date: _____

Release To: _____ County: _____ Date of Birth: _____

Which Pre-release program/s have you completed while incarcerated? Please list:

1. _____ 2. _____ 3. _____

1. OPUS #: _____

2. Name of Prison: _____ Case Manager: _____

3. Address: _____ City _____ State _____ Zip _____

4. How long will you be on probation or parole? _____ Number of times incarcerated? _____

5. Would you like a TAN Mentor? () Yes () No

Personal Information

1. Marital Status: () Married () Separated () Divorced () Single

2. Number of Children: () _____ Boys () _____ Girls

3. With whom and where does the children live (Grandparent, Foster parent)?

4. Will you be able to obtain a Birth Certificate upon release? () Yes () No

5. Will you be able to obtain a Social Security Card upon release? () Yes () No

6. Will you be able to obtain a NC Drivers License upon release? () Yes () No

7. Are you a Military Veteran? () Yes () No

8. What Branch of service: _____

9. Number of years in service: _____ Discharge date: _____

10. Was your discharge Honorable? () Yes () No

11. Which one of the categories best describes you? Please check:

() Category I - () Financial, and/or () family support is available.

() Category II - () Have sufficient marketable job skills to secure employment.

Please list below:

() Category III - () Have limited skills, education and other barriers to employment.

Home Plan

1. Who do you plan to live with when you are released? **(Must match OPUS Release Plan)**

() Spouse () Parents () Family Member () Self () Other () Transition House

2. Contact person you will be living with? _____ Phone # _____

Address: _____ City/State _____ Zip _____

3. Are you relocating? () Yes () No If yes, what city/county? _____

Education, Employment, and Medical History

1. Education History:

High School () 1-12 () GED () Community College () College 1-4 () Degree/Major

2. Do you have a job prospect upon release? () Yes () No
If yes, with what company?

Contact person _____ Phone _____

3. Are you on any medication? () Yes () No If so what type(s): _____

4. What is your state of physical health? () Excellent () Good () Fair () Poor () Declining

5. Do you have any handicap(s)? () Yes () No
If yes, what type(s)? _____

6. Will you be eligible for Medicare or Medicaid? () Yes () No
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Drug and Alcohol History

1. Are you attending DART? () Yes () No When was the last date you attended DART? _____
2. Are you attending NA? () Yes () No When was the last date you attended NA? _____
3. Are you attending AA? () Yes () No When was the last date you attended AA? _____
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Faith Practice

1. Do you attend a Faith community outside prison? () Yes () No.
2. Do you know if your Faith community will help you with transition aftercare? () Yes () No () Not Sure
3. If you answered "Yes" to #2, please give the name and address below if possible:

Contact Person: _____ Telephone No.: _____

Address: _____

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED

For TAN use only: Assigned Contact: _____ Phone: () _____

Date of first meeting with applicant: _____ Name of contact(s): _____

Assessed Needs: _____

Transitional Aftercare Network (TAN)

NC Department of Public Safety
Prisons - Chaplaincy Services
MSC 4263
Raleigh NC 27699-4263
Courier # 53-71-00