



MISSION GATE Ministry

A Nine-Month Residential Aftercare Program for Men

“If you hold to my teaching, you are really my disciples.
Then you will know the truth and the truth will set you free”
John 8:31a-32.

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EXECUTIVE DIRECTOR

Trish Mathes, MA, MRSS
EXECUTIVE AFTERCARE DIRECTOR

Will Cook
ST. LOUIS MEN'S SUPERVISOR
/EMPLOYMENT SPECIALIST

Gregory D. Smith, JD, CADC
FGS PROGRAM DIRECTOR

APPLICATION FOR MEN

Please Choose One: St. Louis Guest Homes _____ Fort Good Shepherd Ranch in Cuba, Mo. _____

If space is not available at your desired location, would you be willing to reside at the other location? Yes _____ No _____

- 1) Please answer all questions honestly and completely.
- 2) Return the completed application by mail or fax to Mission Gate.
- 3) Sign the Personal Reference Form and give it to a chaplain, pastor, family member, counselor, etc. and have them return it directly to Mission Gate by mail or fax. If you are unable to obtain a personal reference, a statement of institutional adjustment/progress completed by your IPO or case manager can be submitted. We must have this completed information before admission.
- 4) Keep the Guidelines for your own reference.
- 5) You must sign and submit the Housing Agreement and Memorandum of Understanding to Mission Gate.
- 6) You will be notified by mail of your acceptance into Mission Gate. Our review process normally takes 2-4 weeks.

GENERAL INFORMATION

Today's Date _____

Last Name _____ First Name _____ Middle _____

Institution _____ ID# _____

Address _____ City _____ State _____ Zip _____

Housing Unit/Floor (if applicable, such as St. Louis County jail) _____

Are you applying from a drug or alcohol rehabilitation program? Yes _____ No _____

If Yes, what is the name of the program (if it is a DOC program, specify the institution) _____

And, what is the length of the rehabilitation program? _____

(last) Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Social Security # _____

Sex _____ Height _____ Weight _____ Disability _____

Expected Release Date _____ Explain _____

How long have you been incarcerated during your current term in prison/jail/treatment? _____

How many times and how long have you been incarcerated during your lifetime? _____

How many times have you been treated in a residential substance abuse program during your lifetime? _____

How did you learn about Mission Gate? _____

Have you applied to other aftercare programs, other than Mission Gate? Yes _____ No _____

If yes, which ones? _____

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Have you been accepted or denied from these other programs? Explain _____

Have you been denied other home plans upon your current release? Yes _____ No _____

If Yes, Explain _____

Have you previously applied to Mission Gate? Yes _____ No _____, If yes, When? _____

Were you previously accepted? Yes _____ No _____, If yes, did you attend the program? Yes _____ No _____

If No, Explain? _____

If you have attended Mission Gate previously, did you graduate? Yes _____ No _____

If No, what was your reason for leaving? _____

If accepted, what would you like to accomplish during your nine months at Mission Gate? _____

How have you changed while incarcerated? (Be specific) _____

Please Choose One: Married _____ Engaged _____ Divorced _____ Single _____ Do you have children? Yes _____ No _____

If Yes, list number of children: _____

If Yes, will you need to pay child support? Yes _____ No _____ Back support? Yes _____ No _____ Current support? Yes _____ No _____

How much do you expect to pay for child support monthly? _____

List Two Nearest Relatives:

Last Name _____ First Name _____ Middle _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Last Name _____ First Name _____ Middle _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

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List One Personal Reference:

Last Name _____ First Name _____ Middle _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email Address _____

A Personal References Form should be filled out and sent in under separate cover by the reference of your choice.

SPIRITUAL INFORMATION

Please check the description below that best summarizes your relationship with Jesus Christ:

- ____ This is the first time I have thought about it.
- ____ I have thought about it but I am not sure that I am ready to make a decision.
- ____ I have not made a commitment to Jesus, but I am ready to do so now.
- ____ I think I have made a commitment to Jesus, but I am not sure.
- ____ I know I made a personal commitment to Jesus on this date _____

Briefly explain this commitment _____

What churches have you attended in the past? _____ Pastor _____

What services have you attended while incarcerated? _____

What religious programs have you attended while incarcerated? _____

LEGAL INFORMATION

For what crime(s) are you currently serving time? _____

What was the original charge(s) for your current offense(s) (i.e., prior to any plea)? _____

Explain, in your own words, what happened to cause you to be charged with your current offense(s) _____

List all previous arrests and convictions, starting with the most recent. Please list the charge you were originally arrested on, the final charge upon conviction (or plea), and the year and location of the offense (be specific). *The first one is an example:*

Year	Location	Charge at Arrest	Charge Convicted of (pled to)
2012	Springfield, MO	2 nd Degree Assault	Resisting Arrest

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Institutional Parole Officer:

Name _____ Phone # _____

Institutional Case Worker:

Name _____ Phone # _____

Counselor:

Name _____ Phone # _____

Chaplain:

Name _____ Phone # _____

Most Recent Parole/Probation Officer:

Name _____ Phone # _____

Next scheduled parole hearing date _____ Outstanding warrants/charges _____

EDUCATIONAL INFORMATION

Last grade completed _____ Do you have your GED? Yes _____ No _____

If NO, do you plan to work on GED while at the Mission Gate? Yes _____ No _____ (Mission Gate requires you to do so)

Have you ever been diagnosed with a learning disability? Yes _____ No _____

If yes, please explain _____

Circle years of college completed: 1 2 3 4 Area of study _____

Name of College/Trade School _____ City _____ State _____

Name of College/Trade School _____ City _____ State _____

Degrees or certificates earned _____

WORK INFORMATION

Have you previously maintained steady employment for longer than a six-month period? Yes _____ No _____

If yes, please describe your most recent work history _____

List any special skills or trades _____

Have you ever served in the military? Yes _____ No _____ If Yes, explain your discharge status: _____

Have you ever filed a worker's compensation claim? Yes _____ No _____ If yes, please explain: _____

Do you have any injuries that would hinder you from working? Yes _____ No _____ If Yes, please explain: _____

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HEALTH RECORD

(Physical)

Do you have any present health problems? Yes _____ No _____

If yes, please list _____

Do you have any past health problems? Yes _____ No _____

If yes, please list _____

Have you been treated for these health problems, present or past? Yes _____ No _____

List any medications you are currently taking for physical health problems _____

List any medications have you taken in the past for physical health problems _____

HIV positive: Yes _____ No _____ TB positive: Yes _____ No _____ Hepatitis: Yes _____ No _____

If you have Hepatitis C, have you been treated for it? Yes _____ No _____

List any physical disabilities _____

Are you receiving SSI?: Yes _____ No _____ Amount _____

If Yes, for what? _____

Do you plan on applying for SSI?: Yes _____ No _____ If Yes, for what? _____

Can you work full time? Yes _____ No _____ Can you work part time? Yes _____ No _____

(Mental and/or Emotional)

Have you ever been diagnosed with a mental illness? Yes _____ No _____

If Yes, please explain _____

If Yes, list medications you have taken in the past for this diagnosis _____

If Yes, what medications are you currently taking for this diagnosis _____

Do you feel as though the medications are helping you? Yes _____ No _____

Are you currently taking any medications to assist you in sleeping? Yes _____ No _____

Will you continue to take sleep aids upon being released from incarceration? Yes _____ No _____

Will you have medicine upon release? Yes _____ No _____, If YES, of what kind? _____

Will you need any medications upon release? Yes _____ No _____, If YES, of which type? _____

Will you be required to attend a mental health program upon your release? Yes _____ No _____

Have you ever had an addiction or abused drugs or alcohol? Yes _____ No _____

If yes, explain your addiction or abuse (if it is drugs or alcohol, explain which drugs you commonly used): _____

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CONFIDENTIAL COUNSELING / LIFE SKILLS NEEDS

Please check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 12 Step Recovery | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Victims' Impact |
| <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Pre-Marital Counseling | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Job Readiness |
| <input type="checkbox"/> Drug Rehabilitation | <input type="checkbox"/> Financial Stewardship | <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Sexual Lust | <input type="checkbox"/> Victim of Abuse | <input type="checkbox"/> Better Relationships |
| <input type="checkbox"/> Bible Studies | <input type="checkbox"/> Drug Court (City) | <input type="checkbox"/> Gateway Free & Clean (City) | <input type="checkbox"/> SATOP |

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Residential Housing and Aftercare AGREEMENT

I _____, understand that this application will be reviewed by the Mission Gate Staff.

I give Mission Gate my permission to contact any references or other persons or agencies they may choose for the purpose of making a decision on admitting me into their nine-month residential aftercare program.

I affirm that the foregoing information is true and accurate to the best of my knowledge and belief.

Furthermore, if any information is deemed incorrect or untrue, or any rules broken, I understand that termination from the program could result.

I further understand that I am responsible for the replacement cost for any damages that I inflict upon Mission Gate property.

I further understand that all household items and furniture belong to Mission Gate and any missing properties will be reported as a theft to the local police.

I thereby give Mission Gate my permission to release any and all information about me to whomever they deem necessary for the purpose of my progress in their program or for the wellbeing of others in this reintegration process as they shall determine.

I further understand that I have no rights as a tenant or renter in the Mission Gate aftercare program where I will reside and I understand that if requested to vacate, I will do so immediately.

I understand that the police authority will be called to assist if I do not leave immediately and voluntarily.

I further understand that any moneys that I may remit to Mission Gate are a portion of program and housing fee and do not constitute rent.

I have read the Residential Housing and Aftercare Agreement and agree to comply with all rules and regulations of Mission Gate.

Signed Name _____ Date _____

Printed Name _____

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APPLICANT'S QUESTIONS

Please list any questions you may have, and we will do our best to answer them.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed Name _____ Date _____

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MEMORANDUM OF UNDERSTANDING

This is my personal statement that I, _____, understand that the Mission Gate residential aftercare program is a nine-month program. If accepted and if this home plan is approved by the Missouri Department of Probation and Parole, I commit to complete the program in its entirety. I fully understand that if I do not complete the entire nine-month program that I may receive a violation(s) from the Missouri Department of Probation and Parole and face other consequences.

I understand that Mission Gate is a Christian-based organization that teaches Biblical principles. By signing this commitment form, I am agreeing that abiding by these principles is the main motivation for my reason to change my life. **I have read the rules and guidelines of the program** and desire to have structure in my life during my reintegration process. I understand that I can be terminated from the program for breaking any rules, which will be reported to the Missouri Department of Probation and Parole, including, but not limited to cursing, lack of respect for authority and negativity. I also understand that there is zero tolerance for drug and alcohol use, including any synthetic drugs. If I violate this commitment by *using*, I will not be able to return to Mission Gate, even if I attend an inpatient treatment program.

In addition, I realize the importance of remaining relationship-free for nine months so that I can continue positive changes within myself. Working on changes within me will be my main focus. I also understand the financial commitments of this faith-based residential program. In addition to the housing/program fees, I understand that I will pay for my own transportation costs going to and from work and appointments once I receive employment.

I am under no obligation to participate in this program; however, once I have committed to this program, I will be expected to complete it. I understand that the program will require me to attend weekly classes and counseling, become an active member in a local Christian church, obtain full-time employment and live my life as a responsible Christian.

In consideration for the opportunity to obtain this Bible-based guidance/training, I promise that I will not take any legal actions in the future for anything said, done, or omitted by Mission Gate staff, their agents, or family members during this program. I agree to hold Mission Gate, their agents, and family members harmless for any legal claims of negligence or damage of any sort, which a person could assert, related to the Mission Gate programs.

I understand that I am expected to be an asset to Mission Gate, the community and the local church and I will try my hardest to do so.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature _____

Printed Name _____

Title _____ Date _____

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AUTHORIZATION FOR THE MISSOURI DEPARTMENT OF CORRECTIONS AND DIVISION OF PROBATION AND PAROLE TO RELEASE INFORMATION TO MISSION GATE CHRISTIAN CENTER

I, _____, DOC Number _____,
hereby authorize the Missouri Department of Corrections and the Division of Probation and Parole to release any and all information relating to my application to participate in the Mission Gate program. I certify that all of the information provided in the Mission Gate application is complete and accurate to the best of my ability and authorize Mission Gate to discuss and verify the content of my application with staff of the Missouri Department of Corrections and staff of the Division of Probation and Parole. I further release and hold harmless both Mission Gate and the Missouri Department of Corrections and Division of Probation and Parole from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by the Missouri Department of Corrections and Division of Probation and Parole will be held in strictest confidence, that it will be viewed only by those involved in the Mission Gate selection process, and that neither I nor anyone else not so involved will have the right to see the information.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature _____

Printed Name _____

Title _____ Date _____

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