



Program Application

Application Date: _____

Personal Information

Full Name: _____

Maiden Name: _____ Alias/Nickname: _____

DOB: _____ Inmate ID # (if applicable): _____

Current Address: _____

City: _____ State: _____ Zip: _____

With Whom/Which Facility: _____

Phone: _____ Email Address: _____

Racial Identity (check all that apply):

- Black/African American White/Caucasian Hispanic/Latinx Hawaiian/Pacific Islander
 Native American/Alaskan Native Asian Other: _____

Gender Identity:

- Woman Transgender Woman Transgender Man Gender Variant/Non-Conforming
 Other: _____

Sexual Identity (optional; select all that apply):

- Bisexual Gay Heterosexual/Straight Lesbian Queer
 Other: _____ Prefer not to disclose

Pronouns:

- She/her/hers He/him/his They/them/their Other: _____

Housing

Mailing Address (after release, if applicable):

Street: _____

City: _____ State: _____ Zip: _____

If currently incarcerated:

Do you have an approved home plan? Yes No

Please describe your home plan, if applicable:

If not currently incarcerated:

Current residence is:

- Own Residence Spouse or Significant Other Relative's Home Friend/Non-Family Member
 Transitional Housing Temporary Shelter Homeless Other: _____



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- Do you feel unsafe in your current home? Yes No
- Is there violence or substance use in your home? Yes No
- Are you at risk of losing your current housing? Yes No

Please explain any yes responses:

All Applicants:

- Have you ever been evicted? Yes No
- Do you have any outstanding utility bills? Yes No
- Are you interested in CWIT housing or housing support? Yes No

Please explain any yes responses:

Justice Involvement

- Have you ever been to jail?** Yes No **Have you ever been to prison?** Yes No

What is your current legal status? (check all that apply)

- On State Probation/Parole MH Court Drug Court DV Court Pre-Trial
- On Federal Probation On Federal Parole Diversion Incarcerated None

- Do you have any pending legal issues or active warrants? Yes No

Please explain any yes responses:

If previously or currently incarcerated:

Where are/were you incarcerated? _____

Intake date of most recent incarceration: _____ Release date: [Click here to enter a date.](#)

List Current/Pending charge(s):

Date of Charge/Offense

_____	_____
_____	_____
_____	_____

List Previous charge(s):

Date of Charge/Offense

_____	_____
_____	_____
_____	_____



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Previous charge(s), if any: _____

Parole/probation officer: _____ Phone: _____

Supervision start date: _____ End Date: _____

Case Worker: _____ Phone: _____

Counselor: _____ Phone: _____

Attorney: _____ Phone: _____

Medical/Psychological History

Do you have any diagnosed physical or mental health conditions? Yes No

<u>Condition</u>	<u>Type of Treatment</u>	<u>Received</u>
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current
_____	_____	<input type="checkbox"/> Past <input type="checkbox"/> Current

List all medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Substance Use

Do you, or have you ever, had a substance use disorder? Yes No

<u>Substance(s) of Choice</u>	<u>Duration of Use</u>	<u>Date of Last Use</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disability Benefits

Are you disabled? Yes No

If yes, what is the current status of your disability benefits?

- Have not yet applied
 Application submitted pending decision
 Application denied
 Application denied pending appeal
 Currently receiving (list amount): _____

Benefits Type: SSI SSDI



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Education and Employment

Highest Education Level:

- 0-3rd Grade 4th-5th Grade 6th-8th Grade 9th-12th Grade-no diploma
- High School Diploma GED Some College Trade School
- Associate's Degree Bachelor's Degree Some Graduate School Graduate Degree

Ever employed? Yes No **Worked in past year?** Yes No **Currently employed?** Yes No

What kind of employment experience do you have? _____

What kind of employment are you interested in? _____

Are you a veteran? Yes No Service Dates? _____

Type of discharge: _____

Income

Sources of Income (check all that apply):

- Wages/salary Self-employment Social security Disability
- Retirement/survivors pension Supplemental Security Income TANF SNAP
- Child support Alimony Family/friends
- Workers comp Unemployment VA payments

Monthly Income Amount: \$ _____

Family History

Marital Status

- Never married Partner Married Separated Divorced Widowed

Children

Do you have children? Yes No If yes, are any under age 18? Yes No

Do you have contact with your children? Yes No Is it possible that you are currently pregnant? Yes No

If under 18, who is caring for your children at this time?

- Partner Relative Friend Children's Division/Foster Care Other: _____

Goals

What are the goals you want to work toward?

- A. _____
- B. _____
- C. _____
- D. _____



Program Application

What expectations do you have of Keyway? _____

Returning Clients Only

If you are a returning client, or have participated in our program in the past, please complete the following section.

Can you explain why you want to get involved with Keyway again?

Can you tell us about your previous program experience(s) at Keyway? _____

Why should we accept you back into the program? _____

(Please use back of form if more room is needed)

Please return completed application to:

Applications
Keyway Center for Diversion and Reentry
7716 S. Broadway
St. Louis, MO 63111
Email applications@keywaycenter.org
Fax 314-771-0066