

Oak Haven Transitional Sober Living Application

Applications should be submitted to Jen Sawyer @ jensawyer@lfministries.org or [smaller: 1985/april.org or [smaller: 1985/april.org)

First Name:	
Last Name:	
DOC ID:	
Today's Date:	_
Requested Move in Date:	
Expected Release Date:	_
Facility Case Managers/Facility Parole Officer contac	t information

Tell me about yourself. Your life before prison and what you have done while in prison to prepare for your release.
Why do you want to come to Oak Haven?
Do you have a history of substance abuse? If yes please explain, including what substances, how long they were used, and what your drug of choice is. If not, what are your experiences with individuals who suffer from addiction.

What are your ties to Fremont County, and where did you receive your charges?

How long have you been incarcerated in your lifetime? What are some challenges you think you will have to overcome upon release?
Tell us about your employment history. What have you done and what do you want to do for work when you are released?
Can you provide three things you will do differently when you are released to stay out of prices
Can you provide three things you will do differently when you are released to stay out of prison?