



Oak Haven Transitional Sober Living Application

Applications should be submitted to Jen Sawyer @
jensawyer@lfministries.org or <lfministries@lfministries.org>

First Name: _____

Last Name: _____

DOC ID: _____

Today's Date: _____

Requested Move in Date: _____

Expected Release Date: _____

Facility Case Managers/Facility Parole Officer contact information

[illegible][illegible][illegible]

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 prison?