**DISMAS HOUSE OF NASHVILLE**

**INDEPENDENT LIVING PROGRAM APPLICATION**

The goal of the Dismas Independent Living Program is to support and assist individuals as they transition from incarceration back to the community by providing a stable, affordable, and sober living environment. We achieve this mission by providing practical and holistic support that includes housing assistance, case management and access to mental health/addiction programming. Dismas Housing provides residents with the stable foundation needed to pursue and achieve their financial, educational, and personal goals. Dismas Housing provides studio living type rooms with a shared bath on the 4th floor of the Dismas House building in 16 individual units.

The Dismas Independent Living Program is not suitable for everyone. In addition to providing eligibility criteria and some basic program information, the questions in this application are used to determine whether this program is a good fit for your needs and situation, as well as for the Dismas community.

Thank you for your interest in the Dismas Independent Living Housing Program. We look forward to hearing from you soon!

**Application Process**

1. If you are a current resident of Dismas House, see your case manager for an application and to discuss the application process.
2. If you are a non-Dismas resident, ask your case manager at your current halfway house (if applicable) for an application or you can find one on our website at [www.dismas.org](http://www.dismas.org/).
3. Review the eligibility criteria to determine whether you are a suitable candidate.
4. Send your completed application to admissions@dismas.org. No calls please.
5. Once we receive your application, we will review and contact you within 3 business days. If you are eligible, we will schedule a phone, zoom or in-person interview. Note: You may be required to have a 2nd interview.
6. Prior to the interview, you will need to submit the following to admissions@dismas.org:
7. Two recommendations - at least one of these must be from your halfway house, even if you are no longer a resident there.
8. Copies of last two most recent pay stubs and academic transcript if applicable.
9. Dismas staff will review all application materials to make a final decision and will inform you of that decision within 7 business days.

**Eligibility Criteria**

Determination of acceptance into the Independent Living Program will be made on a case-by-case basis, but all applicants must meet the minimum criteria and guidelines indicated below.

Applicant must be:

1. Male
2. At least eighteen years of age.
3. Formerly incarcerated in a prison or jail in Tennessee.
4. Alcohol and drug free (including any legal substance that could cause a failed drug screen).
5. Have no arson or sex offender convictions.
6. Employed and/or able to verify income by providing 2 most recent paystubs.
7. Due to federal funding, Area Mean Income for Davidson County (AMI) should not exceed 70%.

**Fee Structure**

1. Tier 1- If making below $17.00 per hour weekly fee is $155.00
2. Tier 2- If making above $17.00 per hour weekly fee is $165.00

Quarterly, check stubs will need to be submitted as proof of employment and level of pay for federal audit purposes.

A nonrefundable administrative fee of $150.00- and first-week’s rent is required upon move in.

**Available Services (Some of these may be required):**

1. 12-Step Meeting (s)
2. Case Management
3. Attend group or individual therapy through Centerstone.
4. Community Dinners are available on Thursdays by reservation.
5. Occasional weekend outings
6. Mentorship

**As a resident in Dismas Independent Living Program, you will be required to:**

1. Meet with a case manager monthly.
2. Develop and refine a transition plan with the assistance of the case manager.
3. Submit to random drug testing.
4. Pay fees on time on a weekly basis.
5. Maintain cleanliness of room and common areas.
6. Follow COVID-19 House Guidelines.
7. Do community service or other programs as mandated by parole.
8. Other requirements, as necessary.

**APPLICATION**

Today's date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   TDOC:\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Living Situation (check all that apply):  ❑ Halfway House         ❑ Homeless            ❑Shelter

❑ Treatment Program          ❑ Incarcerated      ❑ Public Housing  ❑ Private Housing

❑with Family        ❑ with Significant Other    ❑ with Others

Please explain current living situation:

Contact Information:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your preferred method of contact? (This will be the way that you are contacted to be informed of your application status).

Relationship Status: ❑ Single ❑ Married ❑ Divorced

Do you have children?   ❑ No ❑ Yes

How many?

Where did you hear about the Dismas 4th Floor Housing Program?  Check all that apply:

❑ Word of mouth ❑ Counselor/Case Manager ❑ Friend/Family Member

❑ Internet Search ❑ Parole Officer ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to live at Dismas House and participate in our Independent Living Program?

The following questions are for demographic purposes. You may skip these questions or only include information you believe is relevant to your participation in the Independent Living Program.

Identified gender (how you identify):

Identified race/ethnicity:

What is your preferred language?

Are you LEP (limited English proficiency)? If yes, are you able to understand (verbal and/or written) English? ❑ Yes    ❑ No

Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program? For example, an English language interpreter, wheelchair accessibility, TTY, large print or Braille, service animals, etc.

**Criminal History**

Please list all felony convictions (attach separate page if necessary):

Are you on the sex offender registry? ❑ Yes    ❑ No

Are you currently a resident of Dismas House? ❑ Yes    ❑ No

Are you a previous resident of Dismas House? ❑ Yes    ❑ No

If so, provide dates of residency:

Have you ever resided in a Halfway House? ❑ Yes    ❑ No

If yes, please provide name, dates of residency and contact number:

Are you currently on parole or probation? ❑ Yes    ❑ No

If yes, Parole/Probation Officer name:

Phone/email:

**Addiction History**

Have you struggled with substance abuse/chemical dependency issues?

❑ Yes     ❑ No

If yes, check all that apply:

❑ Alcoholism  ❑ Drug Addiction   ❑ Methamphetamines ❑ Amphetamines ❑ Opioids/Heroin

❑ Cocaine/Crack ❑ Marijuana ❑ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever participated in a substance abuse recovery or treatment program?  ❑ Yes     ❑ No

If Yes, how many times? \_\_\_\_\_ If Yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever struggled with any non-chemical addiction?  ❑ Yes     ❑ No

If yes, please check all that apply:

❑ Gambling  ❑ Food     ❑ Sex/Porn      ❑ Shopping    ❑ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Are you on disability? ❑ Yes    ❑ No

Are you currently employed? ❑ Yes    ❑ No

If yes, please indicate place of employment, employer address, and phone number/email for supervisor/contact:

Hourly/Weekly/Monthly income:

Work schedule:

How long employed at current employer:

**Previous Job History**(attach sheet if necessary)

Please list employer and phone number/email for contact:

Weekly or monthly income:

How long employed:

**References**

Please list at least two references; one personal and one professional.

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

**Additional Support & Services**

Please describe the types of assistance and support you may like to receive from the Dismas 4th Floor Housing Program (i.e. assistance with education/training, addiction or mental health support, financial empowerment, computer classes, etc.):

Please note that this is an application and does not constitute acceptance into the Dismas Independent Living Program. If you are eligible, a follow-up interview or meeting will be scheduled, and additional information may be requested. Thank you!

***Dismas House Title VI Policy***

*It is the policy of Dismas, Inc. to comply with Federal and State mandated Title VI legislation for the purpose of ensuring that its services do not discriminate against people because of their race, color, national origin or limited English proficiency.  Should Title VI complaints arise, they will be addressed in a timely manner.*

*No person in the Dismas organization shall on the grounds of race, gender, disability, religion, national origin, or sexual orientation be excluded from the participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity associated with Dismas House*

 **Office Use Only**

Accepted into Housing?    ❑ Yes    ❑ No

If yes, date applicant was notified:

Date accepted/ move-in:

Was applicant placed on waiting list? ❑ Yes    ❑ No   If yes, date:

If no, reason?

If not accepted, date applicant was notified:

Reason for denial:

Other referrals/assistance given?

**Reviewed by:**

**Staff Signature:**