

FRESH START

Reducing Recidivism in Gallatin County

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

Highest Education:

OFFENSE INFORMATION

Current Offense:

Probation Officer:

DO YOU HAVE THE FOLLOWING:

Valid Driver's License	Yes	No
Photo ID	Yes	No
Birth Certificate	Yes	No
Social Security Card	Yes	No
Health Insurance	Yes	No
SSDI/SSI benefits	Yes	No
Food Stamps	Yes	No

HAVE YOU RECEIVED SERVICES FROM THE FOLLOWING:

	Past:		Currently:	
Food Stamps	Yes	No	Yes	No
HRDC/housing assistance	Yes	No	Yes	No
Community Health partners	Yes	No	Yes	No
Gallatin Mental Health	Yes	No	Yes	No
Alcohol Drug Services	Yes	No	Yes	No

Do you think you need assistance from the above providers? Please indicate below which services and why:

Are you a Veteran? Yes No

EMPLOYMENT INFORMATION

Current Employer:

Supervisor:

Phone:

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Have you ever been fired from a job? Yes No List jobs and reason:

Are you able to work? Yes No If not, please indicate why:

DRUG/ALCOHOL HISTORY

Do you consider yourself:

Alcoholic

Drug Addict

Recovering Alcoholic

Recovering Addict

Drug (legal/illegal/abused)	Last Use	Years Used

TREATMENT HISTORY

List all completed treatment and programming:

FAMILY/PEER SUPPORT

Support	Relationship	Contact Information

Signature of applicant:

Date:

Date application received: _____

Date of Interview: _____

Mail in application to:

Gallatin County Detention Center
Attention: Re-Entry Coordinator
605 S. 16th Ave
Bozeman, Montana 59715