

**Strength in Families Program
Applicant Questionnaire**



Name:	DOC Number:	Date:
Expected County of Release:	ERD:	Facility:

Thank you for your interest in the Strength in Families Program. The purpose of this questionnaire is to gather some basic information about you and your child or children, or the children who look to you as a dad. Participation in this program is voluntary.

Check the box next to the answer you like. You may select more than one answer. If you want a different answer, please write it in the space after "Other".

1) How did you hear about the Strength in Families Fatherhood Program? *(Please check all that apply)*

- a. Never heard of it until this meeting
- b. Another inmate
- c. Counselor
- d. CO
- e. Chaplain
- f. Other prison staff: *(what position?)* _____
- g. Brochure or poster
- h. Family or friend outside
- i. Kiosk or prison announcements
- j. Prison media
- k. Outside media
- l. Other: *(specify)* _____

2) Please choose your top 3 reasons why you are interested in participating in the Strength in Families Program.

- | | |
|---|---|
| <input type="checkbox"/> a. Help with finding a job | <input type="checkbox"/> f. Use JPay to talk with family |
| <input type="checkbox"/> b. Help with education or trade school | <input type="checkbox"/> g. Becoma a better husband/partner |
| <input type="checkbox"/> c. Improve parenting skills | <input type="checkbox"/> h. Be an example to my partner or children |
| <input type="checkbox"/> d. Retain custody of child | <input type="checkbox"/> i. Other: _____ |
| <input type="checkbox"/> e. Provide a stable home for family | |

Services in this program are available to all eligible persons, regardless of race, gender, age, disability, or religion.

3) What are the 3 biggest challenges that you think you will face when you are released and return to your community?

- a. Old friends and acquaintances
- b. Finding a job
- c. Alcohol/Drug Issues
- d. Legal financial obligations (LFOs)
- e. No contact orders (NCOs)
- f. Ex-wife or ex-partner
- g. Acceptance by children
- h. Returning to jail or prison
- i. No support in the community
- j. Time away from family
- k. Other:

4) What are the 3 biggest strengths you have that will help you succeed despite those challenges?

- A) _____
- B) _____
- C) _____

5) Please check off the 3 most important goals that you would like to accomplish while you are in the Strength in Families Program.

- a. Finding housing
- b. Getting a job and career path
- c. Be a good father
- d. Go home to my family
- e. Be a good role model
- f. Learn about myself
- g. Be a good husband/partner
- h. Reconnect with my wife/partner
- i. Be a better communicator
- j. Other:

6) What work or programming are you currently involved in?

- 7) a. Do you know if you qualify to go to Work Release? Yes No
- b. If so, do you plan to apply for Work Release? Yes No

8) Which weekday times ARE you available to participate in SIF classes?

- Morning
- Afternoon
- Evening

9) Are you aware of any current 'No Contact Orders' between you and your children or your children's caregivers?

- Yes
- No

Please complete the following sections for your youngest child or children (up to four children).

First Child's first name:

Circle one below:
Father or father-figure?

Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Child's Age is ____ Years Old	Current Care Provider's Name is:	Relationship of Current Care Provider to Child
	Child lives in: City: _____ State: _____	(first) _____ (last) _____	Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="checkbox"/>

Before this incarceration:

Did you see this child regularly? Yes No
 Did you live with this child? Yes No

What types of contact have you had with this child during the past year?

Phone Call Mail
 Email Video Visit
 In-person Visit None

After release, your plans for contact with this child include:

Visitation
 Living with the child
 Phone or mail
 No Contact

Second Child's first name:

Circle one below:
Father or father-figure?

Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Child's Age is ____ Years Old	Current Care Provider's Name is:	Relationship of Current Care Provider to Child
	Child lives in: City: _____ State: _____	(first) _____ (last) _____	Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="checkbox"/>

Before this incarceration:

Did you see this child regularly? Yes No
 Did you live with this child? Yes No

What types of contact have you had with this child during the past year?

Phone Call Mail
 Email Video Visit
 In-person Visit None

After release, your plans for contact with this child include:

Visitation
 Living with the child
 Phone or mail
 No Contact

Third Child's first name:

Circle one below:
Father or father-figure?

Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Child's Age is ____ Years Old	Current Care Provider's Name is:	Relationship of Current Care Provider to Child
	Child lives in: City: _____ State: _____	(first) _____ (last) _____	Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="checkbox"/>

Before this incarceration:

Did you see this child regularly? Yes No
Did you live with this child? Yes No

What types of contact have you had with this child during the past year?

Phone Call Mail
Email Video Visit
In-person Visit None

After release, your plans for contact with this child include:

Visitation
Living with the child
Phone or mail
No Contact

Fourth Child's first name:

Circle one below:
Father or father-figure?

Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Child's Age is ____ Years Old	Current Care Provider's Name is:	Relationship of Current Care Provider to Child
	Child lives in: City: _____ State: _____	(first) _____ (last) _____	Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Family Friend <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="checkbox"/>

Before this incarceration:

Did you see this child regularly? Yes No
Did you live with this child? Yes No

What types of contact have you had with this child during the past year?

Phone Call Mail
Email Video Visit
In-person Visit None

After release, your plans for contact with this child include:

Visitation
Living with the child
Phone or mail
No Contact