

CRIS PROGRAM APPLICATION
KOLBE HOUSE - HOUSTON
A Catholic Faith-based Transformational Facility
APPLICATION FOR SERVICES
PLEASE COMPLETE, SIGN AND RETURN



Birth Name: _____ TDCJ Number: _____

AKA's

Last _____ First _____

Last _____ First _____

Last _____ First _____

Unit Name _____ Unit Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

Driver's License/ID Number _____ Exp. Date _____

Citizenship Information

Are you a US citizen? Yes No If not, what is your citizenship _____

Are you in the US legally? Yes No

Do you have proper documentation? Yes No

Please list all supporting documentation that allows you to be in the United States

Religious Information

Are you a Christian? Yes No

What is your religious preference? Catholic Baptist Protestant Muslim Other _____

Did you grow up in this faith? Yes No Did you convert in prison? Yes No

If you are Catholic, what Sacraments have you received?

Baptism Reconciliation Penance First Communion Confirmation Matrimony/Marriage

Anointing of the Sick

Military Background

Have you ever served in the United States Military? Yes No Military ID Number _____

How many years? ___Active Duty Reserve Were you Honorably Discharged Yes No

What branch of the Military did you serve in?

Air Force Army Coast Guard Marines Navy National Guard

Will you need a copy of your DD214? Yes No

Have you ever received services or benefits from the Veterans Administration Yes No

If yes, please list them

Incarceration History

What are the offense(s) you are now incarcerated for?

What is the length of this sentence? Years _____ How long have you been down? Years _____

How many times have you been incarcerated? _____ Total time served? Years _____ Months _____

Have you **violated parole in the past or on this case** Explain:

What other crimes have you been convicted of?

Have you ever served time in any other state other than Texas? Yes No If yes what state(s)

Parole Stipulations and Conditions

What is your Maximum sentence date _____ Projected Release date _____

Parole Eligibility date _____

Do you know if you will have any of the following stipulations?

- Register as a Sex Offender Yes No Unsure _____
- Be on a Monitor Yes No Unsure _____
- Attend AA/NA Meetings Yes No Unsure _____
- Attend Anger Management Classes Yes No Unsure _____

Any other type of classes or requirements please explain _____

Addiction History

What is your addiction? Alcohol Drugs If so, what drugs have you used?

At what age did you start using? Alcohol _____ Drugs _____

How long have you been using? Alcohol _____ Drugs _____

Have you ever been treated for substance abuse Yes No

If yes, what type of treatment program(s) or hospital?

Medical History

Do you currently have, or have you ever had any major medical or mental problems Yes No

If yes, please explain

Are you currently taking any prescription drugs or medication Yes No

If yes, please explain

Gang / Organized Crime Family / Drug Cartel Affiliation(s)

Are you currently affiliated with or have you ever been a member of a gang, drug cartel, or organized crime family? Yes No If yes, answer the following questions

How long have you been a member _____ or how long were you affiliated? Years _____ Months _____

List the name(s) and position(s) of gang(s) cartels or crime families in which you are a member of or affiliated with _____

Work History

List your complete work history. Include inside jobs and Real-World employment

From _____ To _____

Unit or Company _____

Supervisor _____

Job Description _____

List your complete work history. Include inside jobs and Real-World employment.

From _____ To _____

Unit or Company _____

Supervisor _____

Job Description _____

List your complete work history. Include inside jobs and Real-World employment.

From _____ To _____

Unit or Company _____

Supervisor _____

Job Description _____

List your complete work history. Include inside jobs and Real-World employment.

From _____ To _____

Unit or Company _____

Supervisor _____

Job Description _____

I, _____, authorize CRISP to investigate my background. Completion of this document does not obligate CRISP to accept the application or provide resources to the applicant.

Please complete the application to the best of your ability and as accurate and honest as possible. Submit forms to the following address for processing.

Kolbe House

Attn: Tommy Pickard, BSD

11315 Forrest Valley Dr.

Houston, TX 77065

Date _____

Print Your Name _____

Sign Your Name _____