



# Inmate/Ex-Offender Request for Assistance Form

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Prison/Jail ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you registered? Y \_\_\_ N \_\_\_

Institution Name: \_\_\_\_\_ Location: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Convicted of? \_\_\_\_\_

Where: City/County \_\_\_\_\_ State: \_\_\_\_\_

Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this your first incarceration? Yes: \_\_\_ No: \_\_\_ Number of times: \_\_\_\_\_ Number of years: \_\_\_\_\_

Was incarceration due to: Alcohol Abuse? \_\_\_ Drug Abuse? \_\_\_ Other: \_\_\_\_\_

Have you been through treatment? Yes: \_\_\_ No: \_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Length of Probation/Parole: \_\_\_\_\_ PO's Name: \_\_\_\_\_ District: \_\_\_\_\_

## **General Information:**

Your Hometown: \_\_\_\_\_

Contact Name of anyone who will help with your release: \_\_\_\_\_

Contact's Phone Number(s): \_\_\_\_\_

## **Education:**

Last Grade Completed: \_\_\_ GED: \_\_\_ College: \_\_\_ Trade: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trade School Name: \_\_\_\_\_ Trade: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Major: \_\_\_\_\_

Apprenticeship Program: Type: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Classes or Job Skills while incarcerated: Safe Serve: \_\_\_ OSHA: \_\_\_ Welding: \_\_\_ HVAC: \_\_\_ Other: \_\_\_\_\_

## **Work Experience:**

Work before incarceration: \_\_\_\_\_

Work during incarceration: \_\_\_\_\_

## **Family:**

Marital Status (check all that apply): Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Never Married: \_\_\_ Cohabiting: \_\_\_

Name of Family Contact (who will know where we can reach you): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of Children: B: \_\_\_ Ages: \_\_\_\_\_ G: \_\_\_ Ages: \_\_\_\_\_

Are children in foster care? No: \_\_\_ Yes: \_\_\_ Where: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_



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List your current request(s) from Kingsway (*we assume that if you do not list a need, you do not need anything*):

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Please tell us anything you would like us to know about yourself, your interests, what you would like to accomplish in your current situation, and/or future goals:

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Prayer Concerns or Requests:

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Your Home Plan address, or if released, your current address:

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Current Phone # (if you have one): \_\_\_\_\_

Kingsway has my permission to verify this information and share it with Christian people who may be able to help me.

Your signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Your Name: \_\_\_\_\_

Send This Form To: Kingsway Prison and Family Outreach PO Box 2335  
Harrisonburg, VA 22801  
Or Email to: [info@kingswayoutreach.org](mailto:info@kingswayoutreach.org)

If you will need a job, please attach a resume.

Send completed form to: Kingsway Prison and Family Outreach, PO Box 2335 Harrisonburg, VA 22801