



DISMAS HOUSE OF INDIANA . . . serving men and women returning home from incarceration.

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Dear Applicant,

Thank you for requesting an application to Dismas House of Indiana, a residential re-entry program for men and women returning from incarceration. We are glad that you have considered joining our Dismas House family. Enclosed is information about our program and the application packet

There are four parts to our application.

Part 1-Information & fact sheet. Keep this information as a reference for the interview.

Part 2-Assessment form; fill in all the requested information.

Part 3-Questions and Answers section.

Part 4-The Release of Information form. On the release form, please pay attention to starred (\*) sections and make sure to sign on the front. Completed forms (parts 2-4) can be returned to us by mail, fax or email.

The application process will begin if you are within one year of your release date. Please do not expect an immediate response. Applications are processed based on projected out dates usually 90 to 60 days before the release date. Also, we must also have the information we requested from DOC, jail or an agency prior to the interview. The interview will be conducted by phone or in person. Priority for admission is given to individuals who resided in St. Joseph County at the time of their arrest or offended in St. Joseph County. We do accept residents from the counties surrounding St. Joseph County; primarily from counties in Parole District 8. On the 2nd Tuesday of each month our Review Committee meets to determine if applicants are a good fit for our program. Applicants will be notified if their applications were approved or denied.

Dismas House is not a boarding house; it is a program that can have a positive impact on your life if you are willing to do the work. You must be able to live peacefully in the house and respect other residents, staff and volunteers, obey all the rules, and actively participate in Dismas House programs. You need to be able to take direction from the staff, follow a schedule and your client specific reentry plan. Thank you for your interest in our program.

Sincerely,

The Dismas House Staff

Modification Policy and Fee

If you are seeking a sentence modification (even for a modification from a purposeful incarceration sentence) Dismas charges a \$200 non-refundable fee for staff time and services involved in the process. The \$200 fee must be paid in advance before the staff will interview you. Your modification fee does not guarantee that Dismas will accept you for residency. It is very important that while incarcerated you demonstrate through your behavior that you can live peacefully in community. We cannot do any legal work for you, but we will work closely with your attorney.

Pending Charges

If you are seeking alternative placement with the courts (in lieu of incarceration) Dismas requires a court order or other eligibility documentation before we review your application. These documents must come from the courts. If the court allows for review, additional supervision/monitoring by a community corrections or home detention center may be required.

“Bringing Forgiveness Home.”

PO Box 4571, South Bend, IN 46634-521 S. St. Joseph St., South Bend, IN 46601

Telephone: 574.233.8522 Fax#: 574.246.9538

Email:dismas@dismasin.org

A Member of St. Joseph Chamber of Commerce

An AmeriCorps Volunteer Site



# DISMAS HOUSE OF INDIANA, INC.

## Our South Bend Home's History

Dismas House is a nonprofit organization that provides housing and transitional services to men and women recently released from incarceration. Our program has been recognized nationally by the Urban Institute as an effective prisoner re-entry program. It is a unique program because former offenders share the house with area college students. The program was founded by Father Jack Hickey and a group of Vanderbilt University students in 1974 in Nashville, TN. The Dismas House in South Bend opened in 1986 through the efforts of the United Religious Community of St. Joseph County. The house is co-ed and holds up to 15 residents. The program is supported by hundreds of community volunteers. It is funded through residents' fees, grants, donations, and fundraising activities. Dismas House recognizes that the cycle of crime can be reduced when men and women, who have been incarcerated, have assistance readjusting to society. To that end, Dismas House provides housing, meals, case management, bus passes, employment services, life skill workshops, substance abuse, tutoring, mentoring and other programs to help former offenders make a successful transition back into the community. Former offenders must commit to participate in the program for a minimum of 90 days and college students typically stay in terms of semesters (fall, spring, summer). Annually Dismas serves between 30-40 former offenders. Since opening, Dismas House has been home to over 1,300 former offenders and over 100 college students. A former offender has up to 2 years to complete his/her clinic specific plan as a resident.

## An Overview of the Dismas House Program

A resident (former offender) must secure and maintain a job, pay program fees of \$115 per week, obey a curfew and adhere to seven rules: no violence, no use of alcohol or drugs, no disturbing the peace, no sex among residents, complete assigned chores, attend evening meals & the weekly house meeting, participate in Dismas programs and no smoking in the house. Programs and services offered:

- A Client Specific Reentry Plan: developed by the resident and staff. Also, by courts or other supervising agencies if necessary
- Weekly 10 minutes of Time Meeting: residents and a trained case management staff member review resident's progress.
- The Matrix Model for Criminal Justice Settings Developed to treat the increasing number of people dependent on stimulant drugs. Matrix Model is a good fit for clients who require comprehensive care. It is an easy-to-use manualized program that integrates cognitive behavioral therapy, contingency management, motivational interviewing, 12-step facilitation, family involvement, and other elements to give patients the skills and understanding they need to overcome addiction.
- Hazelden's "Living In Balance": is an evidence based substance abuse program, designed for highly "at risk" populations to learn about their addiction, triggers and strategies to live free of drug & alcohol abuse.
- The Twelve Step program: is an evidence-based program that assists participants on how to get the most out of recovery meetings and how to stay focused on sobriety.
- Thinking for Good: evidence based, peer driven program allows participants to develop empathy & learn how to change criminal thinking/behavior.
- Employment Services offers residents assistance in securing employment through job search aid, securing proper identification, resume preparation, mock interviews, supplying bus passes and job/employment program referrals.
- 2<sup>nd</sup> Chance at Work Program: a job-training program offered by Goodwill Industries of Michiana. It provides a participant with a stipend while developing soft job skills, work experience and job history.
- Tutoring Night (once a week) helps residents earn GED's, gain computer skills and life skills to further employment or education. The tutors are Notre Dame University students who are members of the Mercy Works Program.
- Men and Women Support Groups: in a confidential setting, clients receive guidance and assistance with life skills and gender issues.
- Beyond Trauma: A Healing Journey for Women: an eleven-week, evidence-based program designed for trauma treatment, although the connection between trauma and addiction in women's lives is a primary theme throughout.
- Beyond Anger: Connecting with Self and Others & From the Inside Out: Taking Responsibility for Relationships Beyond Anger is a four-week curriculum helps clients in institutional settings and community corrections address anger, reconciliation, and emotion management and provides guidelines for daily living. From the Inside out 12-week curriculum provides clients in institutional settings and community corrections tools for building, strengthening, and maintaining relationships.
- Special Events: The residents participate in social activities and volunteer service projects to acclimate them to activities that do not involve drugs/alcohol. We offer many activities for residents to participate in with their children. In USA there are 2 million adults in prison, and they are parents to 1.5 million children. According to the US Justice Department, 70% of these children will end up incarcerated as adults.
- AmeriCorps Member Services: Members offer residents a variety of support resources and life skills acquisition. Members help residents with employment services, expand their financial skill, personal skill and provide other social services.
- Purdue Extension Courses: These courses teach residents skill to improve their health and wellness. Through outside instructors from Purdue Extension residents gain educating nutritional skills, food safety and maintaining proper health. Other program topics may also be taught by this organization outside of the topics mentioned (i.e. governmental, skill building programs).

# Dismas House of Indiana Fact Sheet

**Address:** P.O. Box 4571\* 521 S. St. Joseph St., South Bend, IN 46634

**Office:** 574-233-8522 **Fax:** 574-246-9538

**Email:** [dismas@dismasin.org](mailto:dismas@dismasin.org)

**Website:** [www.dismashouseofindiana.org](http://www.dismashouseofindiana.org)



**Our mission** aids with the reconciliation of former prisoners by fostering a **supportive community** allowing them to successfully reintegrate into society. Dismas House is a unique place where college students and former prisoners come together under one roof to develop and nurture a collaborative environment. Active volunteers in conjunction with board members from all walks of life create a positive community that reinforces positive behavior through counseling, outreach, and participation in growth-focused activities.

## Basic Resident Expectations

Residents are required to make a *commitment of at least ninety (90) days*—students are required to commit to one (1) semester or a full academic year. As part of living at Dismas House, residents must: *Perform assigned chores, pay program fees, participate in community events, attend evening meals, participate in house meetings, and be an active member of the Dismas Community.*

## Dismas House Culture

Dismas House is comprised of people with a restorative justice mindset with the goal of helping each other as well as the community. **As a resident, you will be expected to make a commitment to both your personal growth and impact on the community.** Our culture is founded on great communications and treating everyone with dignity and respect. We are not affiliated with any particular religion nor a bureaucracy—we value the beliefs of everyone we help.

Volunteers are the foundation of Dismas House's success. It's vital that volunteers are welcomed, shown respect, and given appreciation. Volunteers help with a variety of functions from making dinners, funding home repairs, providing residents with basic necessities and helping raise awareness in the community. We **do not accept** anyone with any sexual or child abuse offenses, violence/behavioral problems, those charged or convicted of arson charge or anyone with an **active** substance/alcohol abuse problem.

## Becoming a Resident

**First days:** Each new resident undergoes an evaluation period of thirty (30) days. If the resident does not show a reasonable interest in community life, they may be removed from the program. The first thirty (30) days are considered part of the interview process. Dismas' House staff should be made aware of your arrival as soon as possible once the application has been processed and approved. Upon arrival, residents receive orientation, are assigned a bedroom and given a key then assigned a chore as well as a day to do dishes. The \$115.00 deposit is due on the day of arrival.

**Employment/School:** All residents of Dismas House must be employed or enrolled in school full time. If a resident receives SSI, they must volunteer a minimum of ten (10) hours per week. Dismas Staff will assist with finding employment but ultimately the resident is responsible for securing and maintaining a job. **The Executive Director must be informed immediately if a resident obtains or loses a job. You must have permission from the Executive Director in order to quit your job.** Residents are required to report salary, work hours, pay periods/dates, employer and supervisor contact information and working location(s) to Dismas staff members. Students are required to report any academic problems to staff.

**Program Fees:** Program fees are \$115 per week or \$460 a month. Fees cover room, amenities, programs, services, and activities. Non-payment of fees is grounds for dismissal from the house and potential collections and/or legal action. Program fees are set by the board of directors and may increase due to rising overhead cost.

**Curfews:** Upon arrival, all new residents will have a daily curfew of 8 PM for the first thirty (30) days. After this period, the curfew may be extended to 10 PM if the resident attends all required meetings/counseling/programs, obeys house rules and curfews as well as completes chores and volunteer hours. Fee payments must also be current. The Review Committee will approve curfew changes unless the courts, parole, probation, or supervising Community Corrections program sets a specific curfew. **We do not allow residents to work 2<sup>nd</sup> or 3<sup>rd</sup> shift.** If a resident loses employment, falls behind in program fees or is not attending required meetings/counseling/programs or curfews can be reduced/revoked by the Executive Director until the next review committee meeting.

## ***DISMAS HOUSE RULES***

*These guidelines cover expected house etiquette and behavior to sustain a safe community.*

- 1) **No violence:** Threats of violence, intimidation, harassment or causing bodily harm is grounds for immediate termination. There is no appeal hearing for violating this rule.
- 2) **No alcohol, illegal drugs/substances:** *No illegal drugs or alcohol of any kind allowed in the house or on the premises.* Consequences for violating this rule range from participating in a more intensive substance abuse program, additional NA/AA classes, random drug screens or expulsion from the program.
- 3) **No Disturbing the Peace:** Rowdy behavior, spreading false rumors/gossip, rudeness, stealing, lying, vulgarity, racist/sexist/homophobic remarks, disrespect of property, harmful behavior patterns, excessive noise from devices or inappropriate behavior with guests will result in consequences up to termination from the program. A resident may be asked to leave for displaying engaging in any of the above actions.
- 4) **No Sex:** *Sexual relationships between two residents, a resident and a volunteer, or a resident and a staff member are not permitted.* Individuals who get involved in intimate relationships will be terminated from the program. Women are not allowed on the men's floor and men are not allowed on the women's floor. For security reasons, only roommates and select staff are allowed in bedrooms. **Sexual harassment will not be tolerated** and should be reported to the Executive Director or Chair of the Review Committee. Residents will be asked to leave if they sexually harass another resident, volunteer or staff member.
- 5) **Guests:** No guests are allowed upstairs or in bedrooms. All rooms must remain locked when a resident isn't in their room. No videos, magazines, or other pornographic related materials are permitted in the house. **Residents may not use Dismas computers or devices to access pornographic material or dating sites.** Residents are responsible for their guests at all times. Guests may visit from Sunday to Thursday between the hours of 9:00 AM – 10:00 PM or Friday through Saturday between 9:00 AM – midnight.
- 6) **House Meetings/Community Dinners:** Mandatory house meetings for residents are held weekly. Meetings cover issues such as policy and management, potential new residents, personal reflections and conflict resolution. Monthly program fee statements are issued in addition to chore/dishes assignments. Dinner is provided 6:30 PM Monday – Thursday and all residents are required to attend. Only administrative staff can excuse a resident from dinner.
- 7) **No smoking:** Smoking is not allowed inside the house. There are designated smoking areas on the front and back porches. Candles, incense, coffee pots, and hot plates are not allowed in residents' bedrooms or anywhere else in the home. All e-cigarettes need to be pre-approved by the Executive Director prior to being in the home. We do not allow hand-roll tobacco products and/or loose tobacco on the Dismas property.

**Appeals:** Residents may appeal decisions made by the Executive Director. If you wish to appeal, inform the Executive Director and bring the issue to the next house meeting. If you wish to appeal further, a meeting with the Review Committee will be arranged. A final appeal may be made in writing to the Dismas of Indiana Board of Directors.

**Counseling:** The Review Committee may require a resident to participate in various types of counseling while at Dismas House. Professional counseling is made available through other local agencies. Any outside fees are the responsibility of the resident.

**Final Days:** The Dismas House program is a preparatory step. All residents are asked to stay through the final house meeting to share reflections and encourage other house residents. All fees must be paid up before residents move out or a repayment plan must be arranged and approved by the Executive Director. A 30-day move-out notice is required.

**Discrimination Policy:** Dismas prohibits discrimination against and harassment of any applicant because of race, color, national or ethnic origin, age, religion, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

**DISMAS HOUSE ASSESSMENT FORM**

Complete form and return to: Dismas House of Indiana, P.O. Box 4571, South Bend, IN 46634 **Anticipated Release Date** \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle DOC Number Institution

Current Address \_\_\_\_\_  
 Street or Box # City State Zip

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_  
 City County State Country

Social Security # \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Address prior to incarceration \_\_\_\_\_  
 Street City State Zip County

**Next of Kin:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Kin's Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
 Street City State Zip

Name of another person who will always know how to contact you? \_\_\_\_\_

Person's Address \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

List financial obligations (child support, loans, court fees, restitution) \_\_\_\_\_ Tot. Amount \_\_\_\_\_

List financial resources (i.e. car, savings) \_\_\_\_\_ Housing statuses prior to incarceration (circle): Homeless Renter Homeowner

Marital Status \_\_\_\_\_ Married how many times? \_\_\_\_\_ Name of spouse/significant other \_\_\_\_\_

Number of children \_\_\_\_\_ Names & ages of children \_\_\_\_\_

Are you in regular contact with Spouse/significant other? Children? Parents/family? Others? \_\_\_\_\_

**Physical Health:** Any diagnosed health problems? Yes No Describe treatment received: \_\_\_\_\_

Do you have a health problem that would prevent you from working? Yes No other/restricted (explain) \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, what and the dosage \_\_\_\_\_

Are you a survivor of sexual abuse? Or Are you a survivor of physical or emotional abuse? If yes, counseling received \_\_\_\_\_

**Mental Health:** Describe your mental health history: \_\_\_\_\_ Treatment received \_\_\_\_\_

Are you taking any medication? If yes, what and the dosage \_\_\_\_\_

**Substance Abuse History:** Do you believe you have/had an alcohol or drug problem? Yes No Current Past

Are you an alcoholic? Yes No Are you a drug addict? Yes No Both

List Substance Abuse History Below: **LIST ALL DRUGS EVER TAKEN**

List Drug Used	Method of intake	Age of first usage	Last used	List Drug Used	Method of intake	Age of first usage	Last used

What substance abuse treatment have you received? \_\_\_\_\_ Where & when? \_\_\_\_\_

Did you participate in/ are you in any substance abuse programs in prison \_\_\_\_\_ Program(s) name(s) \_\_\_\_\_

**Education:** Last grade completed \_\_\_\_\_ High School Degree? \_\_\_\_\_ Name of school/city/state \_\_\_\_\_

GED/TASC? \_\_\_\_\_ If yes, when & where \_\_\_\_\_ College/Trade School \_\_\_\_\_

Completed Degree/Program Yes No Degree(s)/accreditation \_\_\_\_\_

**Military Service?** # of yrs. \_\_\_\_\_ Branch? \_\_\_\_\_ Combat Experience? \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

**Employment:** Last job held - Name of Business \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Why did you leave? \_\_\_\_\_ Job title & tasks \_\_\_\_\_

Were you employed at the time of your most recent arrest? \_\_\_\_\_ Number of jobs in last 3 years before arrest? \_\_\_\_\_

What is the longest time you held a job? \_\_\_\_\_ Where? \_\_\_\_\_

What are your future employment plans? \_\_\_\_\_

List job skills and/or skilled certifications earned \_\_\_\_\_

**List Current Charges:** \_\_\_\_\_

**Current Convictions:** \_\_\_\_\_ **County of Conviction** \_\_\_\_\_

Alcohol/drugs used prior or during crime? \_\_\_\_\_ Current Sentence \_\_\_\_\_ Date Incarcerated for Offense \_\_\_\_\_

(If Applicable) Did you know the victim & how? \_\_\_\_\_ Victim's Name \_\_\_\_\_

Sentence Expiration Date: \_\_\_\_\_ Earliest Release Date \_\_\_\_\_

Anticipating time cut(s): \_\_\_\_\_ Reason and expected date of time reduction \_\_\_\_\_

Have you met with Parole Board on these charges? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ Next parole hearing \_\_\_\_\_

Any open charges or detainer? \_\_\_\_\_ If yes, where? \_\_\_\_\_ What for? \_\_\_\_\_

List disciplinary write-ups \_\_\_\_\_ How long since last one? \_\_\_\_\_

**Seeking a modification?** \_\_\_\_\_ If yes, name, address & phone of attorney handling your modification \_\_\_\_\_

Current Prison Job \_\_\_\_\_ Past Prison Jobs? \_\_\_\_\_

List prison programs attending/completed \_\_\_\_\_

Name of your counselor/case worker? \_\_\_\_\_ Counselor's/Case Worker's email \_\_\_\_\_

**References of prison employees, volunteers or other community contacts:**

Name	Position	Phone #	# of years known
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Record:** Age of your first arrest \_\_\_\_\_ Juvenile record? \_\_\_\_\_

(List all arrests & convictions)

In juvenile facilities? \_\_\_\_\_ Where & how long? \_\_\_\_\_

Prior **Adult** arrests, charges? \_\_\_\_\_

Prior **Adult**, convictions? \_\_\_\_\_

# of years as of your adult life has been in prison? \_\_\_\_\_ Have you ever applied to Dismas House? \_\_ Yes \_\_ No

Have you ever lived in a Dismas House? \_\_ Yes \_\_ No If yes, when \_\_\_\_\_ Did you complete program? \_\_ Yes \_\_ No

Hobbies/Interests \_\_\_\_\_

Personal Goals \_\_\_\_\_

**If accepted, I understand and agree that I will live at Dismas House for a minimum of 90 days.** I will follow the program and rules as outlined on the fact sheet. I give my permission for Dismas to see any information in my Dept. of Corrections files or by any other agency. I understand this information will be kept confidential by Dismas House. Ten days after leaving Dismas House, I understand that the staff will dispose of any property left by me unless I have made arrangements with the staff for a later pick up date. I understand that if I leave before the minimum of 90 days I can be held accountable for the fees within the 90 day period.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

*Dismas House does not discriminate in selecting applicants solely on the basis of race, color, national or ethnic origin, age, religion, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.*

## Dismas House of Indiana Residency Questionnaire

Return to: Dismas House of Indiana, Inc., PO Box 4571, South Bend, IN 46634-4571

Candidate's Name \_\_\_\_\_ DOC # \_\_\_\_\_ Date \_\_\_\_\_

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

Telephone # (if applicable) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Read Fact Sheet and other information in the packet before answering the questions below. Please be truthful, as we will review your charges/records.

1. How did you hear about Dismas, be specific?

Why do you want to participate in our program?

If you were not from St. Joseph County prior to your arrest, why do you want to relocate here?

2. What is the difference between right and wrong? Give an example of each.

Add details of your offense:

Are you remorseful for breaking the law? If yes, why?

3. How do you plan to reconcile with society, family, etc.?

4. What does the word "community" mean to you?

5. Dismas has seven rules that residents must follow. Do you understand **all** rules? Do you have questions about Dismas rules? Are you willing to hold yourself & other residents accountable to the rules?

6. At Dismas House former offenders observe a curfew. How do you feel about a curfew?

7. What does "family" mean to you?

8. How will you contribute to the Dismas community?

9. List your work skills and/or experience?

10. How do you feel about paying program fees?

11. What would you do if someone in the house was breaking House Rule 2?

12. If you have a history of substance abuse are you willing to participate in a substance abuse treatment or a relapse prevention program and/or 3 recovery meeting a week?

13. Do you have a problem taking direction from a person in authority? If yes, why?

14. The Dismas experience is about changing your life for the better. It involves changing your behavior that puts you at risk to re-offend or relapse. To successfully change your life, you may have to sever ties with your spouse, a lover, old friends and/or family members. How do you feel about this?

15. If you could change one thing about your life what would it be?

16. How long do you plan to live at Dismas House? (Circle) **minimum of 90 days**

180 days/6 months

270 days/9 months

365 Days/1 year

2 years/maximum

17. What is your biggest fear about reentry?

18. List 3 major goals you plan to accomplish within the first 6 months of your release?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

19. What insights have you gained from your incarceration experience?

20. If you are not accepted by Dismas what is your alternate plan?

21. How do you feel about participating in

Community Based Activities \_\_\_\_\_

Chores \_\_\_\_\_

Recovery Meetings \_\_\_\_\_

Evening Community Meals \_\_\_\_\_

**AUTORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**  
**RELEASE OF INFORMATION FORM**

**DISMAS HOUSE OF INDIANA**  
**DESCRIPTION OF AGENCY: A Residential Prisoner Reentry Program**

The applicant listed below has applied to Dismas House, a residential program. As part of the application process the information listed below needs to be submitted and reviewed by Dismas before action on residency can be undertaken. Dismas House is a residential home for former offenders, who share the house with college students. Dismas' mission is to successfully reconcile former offenders to society and society to former offenders by providing transitional housing and re-entry services and programs to men and women recently released from prison or jail.

**APPLICANTS INFORMATION**

\*Applicant's Name \_\_\_\_\_ Address and/or Current Facility \_\_\_\_\_  
DOC Number \_\_\_\_\_  
\*Date of Birth \_\_\_\_\_  
\*Social Security # \_\_\_\_\_

**\* Please note**- inaccurate or missing information from starred (\*) sections could lead to delays in processing/reviewing your application. These may prevent Dismas staff from fully reviewing your application and/or lead to termination of review

**CONTACT PERSONAL FOR RELEASE OF RECORDS/INFORMATION**

Dismas House of Indiana is permitted to receive and exchange information in a two-way (RELEASE TO EACH OTHER) capacity with... (Check/fill-in information for contact person in the spaces not all starred (\*) sections will apply)

Supervising Agency (Probation/Parole) \* \_\_\_\_\_  Attorney(s) \* \_\_\_\_\_  
 Current facility\* \_\_\_\_\_  Other (With name include title, agency department, etc. if able.) \_\_\_\_\_  
 Case-Manager\* \_\_\_\_\_  
 Courts/Judge\* \_\_\_\_\_  
 Personal Advocate\* \_\_\_\_\_

This form authorizes the specified authorization of disclosure/release of information for confidential information of the following regarding the above-named applicant to Dismas of Indiana. (\*Check/Initial all that apply for release)

\_\_\_\_\_ Pre-sentence Investigation Report\* \_\_\_\_\_ Job Performance/Other Review Reports\*  
\_\_\_\_\_ DOC Conduct Report\* \_\_\_\_\_ Mental Health Report  
\_\_\_\_\_ DOC Programming\* \_\_\_\_\_ Substance abuse, anger management, or other counseling service reports  
\_\_\_\_\_ Other: \_\_\_\_\_

This release also authorizes that this information may be shared among the above-named personnel and/or Agencies, the Dismas Review Committee, the client's family members and Dismas staff for the purpose of:

***Reviewing candidate's residency application for enrollment into the Dismas House of Indiana program. As well as, coordinating and maintaining quality care, supervision requirements and other transition procedures/assistance services for the release of accepted applicants.***

All information obtained through this release is considered confidential and will be handled in a professional manner. I understand that acceptance or enrollment in this program is conditioned on signing this form. I understand that I may cancel this consent at any time by notifying the staff of Dismas House of Indiana in writing, except for information that has already been shared. This consent will expire within 365 days from the date signed unless specified here: \_\_\_\_\_

[ ] **\*For Court Ordered/Pending Charges/Off the Street Reviews-** By Checking/Initialing this box I give Dismas staff the ability to write in the cause numbers from my criminal cases (up to 5) to request current or past presentence investigation reports or other sentencing assessments for review in the footer of this page. In signing this form, I allow the release of this information from any probation department or courts I have listed above in the 'release of records/information' section for the purposes of my review.

\_\_\_\_\_  
Applicant's signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

\_\_\_\_\_  
Signature of Dismas Staff \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Return This Form and Application Sheets to...**

**Dismas House of Indiana**

**Mailing Address:** PO Box 4571, South Bend, IN 46634

**Street Address:** 521 S. St. Joseph Street, South Bend, IN 46601

**Telephone:** 574 233-8522

**Fax:** 574 246-9538

**Email:** [dismas@dismasin.org](mailto:dismas@dismasin.org)

**Website:** [dismashouseofindiana.org](http://dismashouseofindiana.org)

**CONSIDERATIONS THE FOLLOWING BEFORE SUBMITTING YOUR  
APPLICATION IF YOUR REVIEW IS...**

**For Court Ordered/Pending Charges/Off the Street Review-**

Please make sure to list all county probation department's and/or court's (Judge and court room) where Dismas staff can obtain a copy of a current or past presentence investigation reports. Current or past attorney's may also be utilized for these reviews and it is highly recommended that they are included on these forms.

**For Applicant's in IDOC facilities-**

Dismas advises that you make any counselor, case manager, or case workers assigned to you aware of your request for review before submitting. Dismas staff will likely seek their assistance in obtaining the necessary documentation we require to conduct an interview. For applicants seeking immediate reviews your case manager might be able to assist in time-limited reviews.

**Check for Extension of Release for accepted residents/extended reviews (Ignore if submitting application for the first time)**

*(Written changes to sections of this application must be initialed & dated near changes with date matching below) ...*

\_\_\_ One Year \_\_\_ other specified here \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
New Contact(s) that can Dismas can release to (if applicable)

\_\_\_\_\_  
Resident's/Extended Review Signature      Date  
(Ignore if submitting application for the first time)

\_\_\_\_\_

\_\_\_\_\_  
Staff/Witness Signature      Date

\_\_\_ One Year \_\_\_ other specified here \_\_\_\_\_

\_\_\_\_\_  
Resident's/Extended Review Signature      Date  
(Ignore if submitting application for the first time)

\_\_\_\_\_

\_\_\_\_\_  
New Contact(s) that can Dismas can release to (if applicable)