

IBRAHIM HOUSE APPLICATION FORM

2019CE - 1440AH

Bismillah Ar-Rahmaan Ar-Raheem wa salaamu ‘alaykum dear brother,

Thank you for your interest in the Ibrahim House. Please note the following conditions must be met in order to be considered a qualified applicant for the Ibrahim House program:

1. We only accept Muslim male ex-offenders who have committed non-sexual crimes, who do not need supervision, treatment, and are willing and able to maintain fulltime employment.
2. Your institutional record and overall attitude must show a strong desire and ability to make positive lifestyle changes.
3. We only accept applicants whose release date, mandatory release or parole, has already been determined AND is within twelve (12) months of the date of application. Applications are kept on file for 12 months. *Any application received with a release date more than 12 months away will be rejected.*

If you fit the above prerequisites, we will be glad to consider your application. After receiving and reviewing your application, if we determine that the Ibrahim House Program may be able to help, we will contact your counselor to arrange an interview with you. We conduct interviews in person or over the phone.

Respectfully,

Ibrahim House Review Board

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Present Correctional Institution: _____	Expected Release Date: _____
Address: _____	City: _____ WI Zip: _____
Counselor/Worker Name: _____	Counselor/Worker Tel No.: _____

Important Note: Incomplete applications will not be processed. Please answer ALL questions. If question does not apply, please write N/A (not applicable). **PRINT LEGIBLY** or applications may not be processed.

1. Name: (First, M.I. Last) _____ 2. Today's date: ___/___/___
3. Alias/Nicknames _____ State ID No.: _____
4. Date of Birth ___/___/___ 5. Age: _____
6. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ 7. SSN ___/___/___
8. Last Permanent Address: _____
City: _____ State: _____ ZIP: _____
9. Phone: _____ 10. Email: _____

Please check all applicable information:

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widower

Race/Ethnicity: ___ Black, not Hispanic ___ White, not Hispanic ___ Other
___ Hispanic ___ Asian/Pacific Islander ___ American Indian/Alaskan Native

10. Children: ___ Yes ___ No If yes, how many _____

Children's Mother's Name(s): _____

11. Veteran ___ No ___ Yes (if yes, answer below)

(a): Date of entry: ___/___/___ Date of Discharge: ___/___/___

(b): Discharge type: ___ Honorable ___ Dishonorable

12. Education: ___ Grade ___ GED/HSED ___ College (___ Graduated ___ How many credits)

(a): List any trade certificates, job skills, and/or work experience you have:

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13. Special Medical Conditions (if any): _____

14. Special Dietary Needs: _____

15. Doctor's Name (if any): _____

Doctor's Phone No/Clinic Name (If known): _____

17. Emergency Contact: Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Relationship: _____

18. Referred by: _____

19. Referred from: (Check One) Jail/HOC Prison Other (explain) _____

20. a. Mandatory Release Date: ___/___/___ b. Expected Release Date: ___/___/___

c. Type of Release: Mandatory Parole d. My Release is: Certain Not Certain

e. My release depends on my parole hearing decision on (date): ___/___/___

21. How many times have you been incarcerated? _____

22. Please give your criminal history: _____

23. Your jail/prison/incarceration history: _____

a. Name of 1st jail/prison facility, _____ City: _____ State: _____

Charge(s): _____

Admission Date: ___/___/___ Release Date: ___/___/___

b. Name of 2nd jail/prison facility, _____ City: _____ State: _____

Charge(s): _____

Admission Date: ___/___/___ Release Date: ___/___/___

c. Name of 3rd jail/prison facility, _____ City: _____ State: _____

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Charge(s): _____
 d. Name of 4th jail/prison facility, _____ City: _____ State: _____
 Charge(s): _____

24. Currently receiving support/monitoring from: (Circle all that apply)

Probation Officer Parole Officer Counselor/Social Worker

Name: _____
 Phone: _____ email: _____ Fax: _____

25. References (counselor, doctor, psychologist, employment specialist etc.) We will not be able to process application without this information

NAME	TELEPHONE	ADDRESS

26. Write why you would be a better fit and more deserving of participating in the Ibrahim House Program over other applicants. (use separate sheet of paper if necessary)

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APPLICANT CERTIFICATION: I certify, under the penalty of perjury under the laws of the United States and the State of Wisconsin, that the information in this application is true and correct to the best of my knowledge. If any part of the information provided in this application is found to be incorrect, I render myself ineligible to be considered for the Ibrahim House program and if accepted into the program, it will be grounds for termination of any and all agreements with the Ibrahim House program.

RELEASE OF INFORMATION AUTHORIZATION:

I authorize the release of any and all information from my records that Ibrahim House needs to determine eligibility for the benefit I am seeking.

Applicant's Name: (print) _____

Applicant's Signature: _____ **Date:** ___/___/___

Please provide the name of an appropriate authority we may contact to arrange an interview with you: (We are unable to process applications without this information)

Name (print): _____ Phone: _____ Ext: _____

Title of Person: _____

Counselor's Name (print): _____ Phone: _____ Ext: _____

Counselor's email address: _____

Counselor's Signature: _____ Date: ___/___/___

Mail completed applications to Ibrahim House 5135 N. Teutonia Ave. Milwaukee, WI 53209
or email to support@ibrahimhouse.org