

# IBRAHIM HOUSE APPLICATION FORM

2019CE - 144AH

Bismillah Ar-Rahmaan Ar-Raheem (With the name of a Allah, The Ever Loving, Caring, The Gracious)

As salaamu ‘alaykum (Peace be upon you) dear brother,

Thank you for your interest in the Ibrahim House. First, congratulations on your upcoming release, we pray you are successful and that you have gained whatever wisdom Allah has allowed you to gain from your experience.

Please note the following expresses the conditions which must be met in order to qualify for the Ibrahim House program:

1. We accept Muslim male ex-offenders who have been convicted of non-sexual crimes and who do not need chaperones, alcohol or other drug treatment, and are willing and able to follow basic Islamic manners while maintaining fulltime employment.
2. Your institutional record and overall attitude must show a strong desire and ability to make positive lifestyle changes.
3. We 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 not be considered.*

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/social worker to arrange an interview with you.

We conduct interviews in person or over the phone.

Respectfully,  
Ibrahim House Review Board

PLEASE MAIL COMPLETED APPLICATION TO:  
**MILWAUKEE ISLAMIC DA'WA CENTER**  
**ATTN: IBRAHIM HOUSE PROCESSING**  
**5135 N. TEUTONIA AVE, MILWAUKEE, WI 53209**  
**Or email to [nazir@ibrahimhouse.org](mailto:nazir@ibrahimhouse.org)**

Present Correctional Institution: \_\_\_\_\_ Expected Release Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ WI Zip: \_\_\_\_\_  
Counselor/Social Worker Name: \_\_\_\_\_ Counselor/Worker Tel No.: \_\_\_\_\_ ext: \_\_\_\_\_

**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. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ 6. SSN \_\_\_/\_\_\_/\_\_\_  
7. Last Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
8. Phone: \_\_\_\_\_ 9. Email: \_\_\_\_\_

**Please check (x) on 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:  
\_\_\_\_\_  
\_\_\_\_\_

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 (*truthful background on what you've previously been involved with*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Your jail/prison/incarceration history: \_\_\_\_\_

24. Currently receiving supervision 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 may not be able to process this application without this information.

Name	Telephone	Address

26. Why do you want to participate in the Ibrahim House Muslim Reentry Program? How can we be sure that you will do your best to succeed and be a great example of an upright Muslim working to better himself and the community?

---

---

---

---

---

---

---

---

---

---

**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: \_\_\_\_\_

Case Worker's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Case Worker's email address: \_\_\_\_\_

Case Worker's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_