

IBRAHIM HOUSE APPLICATION FORM

2021 CE – 1443 AH

Bismillah Ar-Rahmaan Ar-Raheem (With the name of 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 do not need chaperones, alcohol or other drug treatment. They must be willing and able to follow basic Islamic manners while maintaining fulltime employment. *(type of crimes vary and may need special consideration)*

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: Nazir Al-Mujaahid Program Manager
IBRAHIM HOUSE PROCESSING
5135 N. TEUTONIA AVE
MILWAUKEE, WI 53209**

Or have someone scan and email to nazir@ibrahimhouse.org

PLEASE PRINT LEGIBLY AND FILL OUT ALL APPLICABLE SECTIONS

Present Correctional Institution or Most Recently Released From: _____

Expected Release Date: _____

Current Address if released: _____ 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 _____ Inmate 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
___ 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. Medical Conditions (if any) Any Prescribed Medications:

14. Special Dietary Needs: _____

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

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

16. Emergency Contact: Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Relationship: _____

17. Referred by: _____

18. 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 a summary of your background (*background on what you've previously been involved with*):

23. Currently receiving supervision from: (Circle all that apply)

Probation Officer Parole Officer Counselor Social Worker

Name: _____

Phone: _____ email: _____ Fax: _____

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

Name	Telephone	Address

25. 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 yourself 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:** ___/___/2021

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: ___/___/2021