Strength in Families Program
Applicant Questionnaire

Name: ____________________________

DOC Number: ___________________ Date: ________________________

Expected County of Release: ___________________ ERD: __________________ Facility: ________________________

Thank you for your interest in the Strength in Families Program. The purpose of this questionnaire is to gather some basic information about you and your child or children, or the children who look to you as a dad. Participation in this program is voluntary.

Check the box next to the answer you like. You may select more than one answer. If you want a different answer, please write it in the space after “Other”.

1) How did you hear about the Strength in Families Fatherhood Program? (Please check all that apply)

☐ a. Never heard of it until this meeting
☐ b. Another inmate
☐ c. Counselor
☐ d. CO
☐ e. Chaplain
☐ f. Other prison staff: (what position?) _________________________
☐ g. Brochure or poster
☐ h. Family or friend outside
☐ i. Kiosk or prison announcements
☐ j. Prison media
☐ k. Outside media
☐ l. Other: (specify) ____________________________________________

2) Please choose your top 3 reasons why you are interested in participating in the Strength in Families Program.

☐ a. Help with finding a job
☐ b. Help with education or trade school
☐ c. Improve parenting skills
☐ d. Retain custody of child
☐ e. Provide a stable home for family
☐ f. Use JPAY to talk with family
☐ g. Become a better husband/partner
☐ h. Be an example to my partner or children
☐ i. Other: __________________________________________________

Services in this program are available to all eligible persons, regardless of race, gender, age, disability, or religion.
3) What are the 3 biggest challenges that you think you will face when you are released and return to your community?

- a. Old friends and acquaintances
- b. Finding a job
- c. Alcohol/Drug Issues
- d. Legal financial obligations (LFOs)
- e. No contact orders (NCOs)
- f. Ex-wife or ex-partner
- g. Acceptance by children
- h. Returning to jail or prison
- i. No support in the community
- j. Time away from family
- k. Other:

4) What are the 3 biggest strengths you have that will help you succeed despite those challenges?

A) ____________________________________________

B) ____________________________________________

C) ____________________________________________

5) Please check off the 3 most important goals that you would like to accomplish while you are in the Strength in Families Program.

- a. Finding housing
- b. Getting a job and career path
- c. Be a good father
- d. Go home to my family
- e. Be a good role model
- f. Learn about myself
- g. Be a good husband/partner
- h. Reconnect with my wife/partner
- i. Be a better communicator
- j. Other:

6) What work or programming are you currently involved in?

_________________________________________________________________________________

_________________________________________________________________________________

7) a. Do you know if you qualify to go to Work Release?  □ Yes  □ No
   b. If so, do you plan to apply for Work Release?  □ Yes  □ No

8) Which weekday times ARE you available to participate in SIF classes?
   □ Morning  □ Afternoon  □ Evening

9) Are you aware of any current ‘No Contact Orders’ between you and your children or your children’s caregivers?
   Yes  □ No  □
Please complete the following sections for your youngest child or children (up to four children).

<table>
<thead>
<tr>
<th>First Child's first name:</th>
<th>Gender</th>
<th>Child's Age is ____ Years Old</th>
<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
<td>Boy ☐</td>
<td>Change</td>
<td>(first)</td>
<td>Grandparent ☐</td>
</tr>
<tr>
<td>__________________</td>
<td>Girl ☐</td>
<td>Change</td>
<td>(last)</td>
<td>Other Relative ☐</td>
</tr>
</tbody>
</table>

Circle one below: Father or father-figure?

<table>
<thead>
<tr>
<th>Child lives in:</th>
<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change</td>
<td>__________________</td>
<td>Grandparent ☐</td>
</tr>
<tr>
<td>__________________</td>
<td>__________________</td>
<td>Other Relative ☐</td>
</tr>
</tbody>
</table>

Before this incarceration:
- Did you see this child regularly? Yes ☐ No ☐
- Did you live with this child? Yes ☐ No ☐

What types of contact have you had with this child during the past year?
- Phone Call ☐ Mail ☐
- Email ☐ Video Visit ☐
- In-person Visit ☐ None ☐

After release, your plans for contact with this child include:
- Visitation ☐
- Living with the child ☐
- Phone or mail ☐
- No Contact ☐

<table>
<thead>
<tr>
<th>Second Child's first name:</th>
<th>Gender</th>
<th>Child's Age is ____ Years Old</th>
<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
<td>Boy ☐</td>
<td>Change</td>
<td>(first)</td>
<td>Grandparent ☐</td>
</tr>
<tr>
<td>__________________</td>
<td>Girl ☐</td>
<td>Change</td>
<td>(last)</td>
<td>Other Relative ☐</td>
</tr>
</tbody>
</table>

Circle one below: Father or father-figure?

<table>
<thead>
<tr>
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<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change</td>
<td>__________________</td>
<td>Grandparent ☐</td>
</tr>
<tr>
<td>__________________</td>
<td>__________________</td>
<td>Other Relative ☐</td>
</tr>
</tbody>
</table>

Before this incarceration:
- Did you see this child regularly? Yes ☐ No ☐
- Did you live with this child? Yes ☐ No ☐

What types of contact have you had with this child during the past year?
- Phone Call ☐ Mail ☐
- Email ☐ Video Visit ☐
- In-person Visit ☐ None ☐

After release, your plans for contact with this child include:
- Visitation ☐
- Living with the child ☐
- Phone or mail ☐
- No Contact ☐
### Third Child's First Name:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Child's Age is ____ Years Old</th>
<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td></td>
<td>(first)</td>
<td>Mother □</td>
</tr>
<tr>
<td>Girl</td>
<td></td>
<td>(last)</td>
<td>Grandparent □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other Relative □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Friend □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foster Care □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other □</td>
</tr>
</tbody>
</table>

- **Child lives in:**
  - City: ______________________
  - State: ______________________

- Circle one below:
  - Father or father-figure?

- **Before this incarceration:**
  - Did you see this child regularly? Yes □ No □
  - Did you live with this child? Yes □ No □

- **What types of contact have you had with this child during the past year?**
  - Phone Call □
  - Mail □
  - Email □
  - Video Visit □
  - In-person Visit □

- **After release, your plans for contact with this child include:**
  - Visitation □
  - Living with the child □
  - Phone or mail □
  - No Contact □

### Fourth Child's First Name:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Child's Age is ____ Years Old</th>
<th>Current Care Provider's Name is:</th>
<th>Relationship of Current Care Provider to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td></td>
<td>(first)</td>
<td>Mother □</td>
</tr>
<tr>
<td>Girl</td>
<td></td>
<td>(last)</td>
<td>Grandparent □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other Relative □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Friend □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foster Care □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other □</td>
</tr>
</tbody>
</table>

- **Child lives in:**
  - City: ______________________
  - State: ______________________

- Circle one below:
  - Father or father-figure?

- **Before this incarceration:**
  - Did you see this child regularly? Yes □ No □
  - Did you live with this child? Yes □ No □

- **What types of contact have you had with this child during the past year?**
  - Phone Call □
  - Mail □
  - Email □
  - Video Visit □
  - In-person Visit □

- **After release, your plans for contact with this child include:**
  - Visitation □
  - Living with the child □
  - Phone or mail □
  - No Contact □