

Hijrah House

P. O. Box 13019, Richmond, VA 23225

Mailing Address:

P. O. Box 13019
Richmond, VA 23225

Web Page:

www.Hijrah-house.org

Dear prospective applicant;

Thank you for your interest in Hijrah House. Please note that you must meet the following conditions to apply for the Hijrah House program:

1. Hijrah House Program is equipped and designed to assist only male ex-offenders who have committed ***non-violent, non-sexual crimes***, who ***do not need supervision***, who ***do not need treatment***, and are able to maintain fulltime employment.
2. Your institutional record and overall attitude must show a strong desire to make positive lifestyle changes.
3. We accept applicants whose release date has already been determined. We have only limited number of beds at Hijrah House, which are first allocated to the Muslim inmates whose release date has already been determined. Therefore, apply only if your release date is confirmed, whether it is mandatory release or on parole.
4. Your application will be kept in the active file for one (1) year. Therefore do not apply if your expected release is more than one year away.

We will be glad to consider your application if you meet the above criteria. After receiving and reviewing your application, if we determine that Hijrah House Program can help you, we may call your counselor to arrange an interview with you, which may be in person or over the phone.

Sincerely,

The Intake Panel

Hijrah House

Application Form

P. O. Box 13019, Richmond, VA 23225

Name of present Jail/ prison: _____ Expected Release Date: _____
Address: _____ City: _____ VA _____
Zip Code _____
Counselor Name: _____ Counselor Tel. #: _____ Ext: _____

Important Note: The application will not be processed if it is not complete. Therefore, it is important that you answer all the questions. If a question does not apply in your case, please indicate so by writing NA in the space provided for the answer. **Write clearly.**

1. Today's Date: _____
2. Name: (First, M.I., Last) _____
3. AKA _____ Your State ID #: _____
4. Date of birth: _____ 5. Age: _____
6. Height: _____ Weight: _____ Hair: _____ Eye color: _____
7. Social Security # _____ - _____ - _____
8. Last permanent Address: _____
City: _____ State: _____ Zip code: _____

9. Please check all applicable information

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated
_____ Widow/Widower _____ Black, not Hispanic _____ White, not Hispanic

Race: _____ Hispanic _____ Asian/Pacific Islander _____ American Indian/Alaskan Native

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

11. Veteran: _____ No _____ Yes (if answer is yes, answer a. & b. below)

a. Date of entry: _____ Date of Discharge: _____

b. Type of Discharge: Honorable: _____ Dishonorable: _____

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12. (a): Education Completed: Grade _____ GED _____ College _____

(b): Do you have any trade certificates or marketable skills? (give details):

13. Special Medical Conditions (if any) : _____

14. Special Dietary Needs: _____

15. Do have any faith needs? ___ Yes ___ No; if yes, how can we help to meet your faith needs?

Do you prefer to attend a mosque _____ , a church _____ , other _____ , how often? _____

16. a. Doctor's Name (if any): _____

b. Doctor's Telephone # (if known) _____

17. **Emergency Contact Information:** Name: _____

Address: _____

Telephone # _____ Relationship: _____

18. Referred by: _____

19. Referred from: (Check one) Street ___; Jail ___; Prison ___; other (explain) _____

20. a. Mandatory release date: _____ b. Expected Release Date: _____

c. Type of release: Mandatory: ___ or Parole: ___ d. My release is certain: ___ not certain: ___

e. My release depends on the outcome of my parole hearing on (date): _____

21. How many times have you been incarcerated: _____

22. Please give your criminal history: _____

23. **Your prison/ jail history:**

Updated: 11/21/10

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a. **First Jail/ Prison name, City & State:** _____

Charge _____

Admission Date: _____ Release Date: _____

b. **Second Jail/ Prison name, City & State:** _____

Charge _____

Admission Date: _____ Release Date: _____

c. **Third Jail/ Prison name, City & State:** _____

Charge _____

Admission Date: _____ Release Date: _____

d. If you were imprisoned for more than three (3) times, please write on a separate sheet of paper and attach it to the application.

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

Probation officer Parole officer Counselor

Name: _____

Telephone number: _____ Fax #: _____

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

Name	Telephone	Address

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26. On a separate piece of a paper write, in your own words, why you should be considered for Hijrah House Program over the other applicants.

APPLICANT CERTIFICATION: I certify, under penalty of perjury under the laws of the United States of America that the information in this application is true to the best of my knowledge. If any part of the information provided in this application is found to be incorrect I will render myself ineligible to be considered for the Hijrah House program. Furthermore, I authorize the release of any information from my records that Muslim Chaplain Services of Virginia, Inc. needs to determine eligibility for the benefit that I am seeking.

Applicants Name (print): _____

Applicant's Signature: _____ Date: _____

Give below the name of an appropriate authority we may contact to arrange an interview with you:
(We will not be able to process your application without this information)

Name (print): _____, Tel. # _____, Ext. _____

Title of the Person: _____

Counselor's Name (print): _____, Tel. # _____ Ext. _____

Counselor's Signature: _____ Date: _____

Mail the completed application to Hijrah House P. O. Box 13019, Richmond, VA 23225