



C.W.A.Y.

Can we Assist You?

Primary Release Date _____

Name: First _____

Middle Initial _____

Last _____

County of Parole _____

Facility _____

P l e a s e P r i n t

RU INSIDE Jail and Prison ministries may be able to assist you by providing referrals to programs and provide services which may be available to you upon your release. Please provide all information requested in this brochure and return it as soon as possible, **No less than 6 months** (180 days) **prior to your release date.**

Name: _____ CDCR# _____

Building Tier-Bed Number _____ Date of Birth _____

Prison _____ Alias _____

Prison Mailing Address _____

City _____ State _____ Zip _____

Your Signature _____ Date _____

It is important to have your **full** prison address for us to communicate with you. It is your responsibility to complete and return this form to the office address at the bottom of this page.

THIS BOX FOR OFFICE USE ONLY

Final Disposition _____

Counselor Comments

Mail this completed form to: RUInside CA, P.O. Box 5504, Sacramento, CA 95817

Education

Check one: GED 0-12 years 2 years college 4 or more years college

What special training classes have you completed? [include faith based and self help classes]

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Have you signed up for Pre-release classes? Yes No Not available

Religious background

Approximate date you received Jesus Christ as your savior? _____

TESTIMONY- How did you come to know Jesus Christ as your Saviour [use an addition sheet if needed]

What is your denominational preference? _____

Are you currently involved in a Bible Study? Yes No

If yes, how long? _____

Who is your current chaplain? _____

Note: If you have been at this facility 6 months or less give the name and locations of your previous chaplain.

Prison Chaplain Comments:
(if available)

Would you be interested in being a part of a Bible Study or prayer group when you are released? _____

Upon release, do you have a home church? Yes No

If yes, what is the name of the church? _____

Senior Pastor _____ City _____

Date of last attendance _____

Residential (group) Home

The majority of our referrals are to Christian homes however we also try to assist in non-Christian homes.

Type of home: Christian Non-Christian

Work Experience: (What kind of work have you done in the past?)

Employment Assistance [Type of work you're looking for]

Do you have a resume? Yes No

Do you speak a second language? Yes No

If yes, what language? _____

Fluently read 2nd language? Yes No Fluently write 2nd language? Yes No

Parole Information

If known, what city/county will you parole to? _____

Do you have friends or family in that area? Yes No

Are you able to stay with them? Yes No Maybe

If so, how long? _____

Name and relationship

Street Address City/State/Zip

(_____) _____
Area Code/Telephone Number

If known, do you have special conditions for parole? Yes No I don't know yet

If yes, check all that apply:

AA Meetings NA Meetings Anger Management Parenting Classes

Counseling Drug Testing Curfew No Alcohol

Other (list them) _____

Criminal Background: Personally we do not care about your background. If you have given your life to Christ that is all under His blood to be remembered no more. However, society is less forgiving and your history does impact where you can live, employment, etc. Please be transparent and list your history here so we can serve you better and more effectively. This information is kept confidential.

[OFFICE USE] Follow-Up comments: _____

