

MISSION GATE Ministry
A Nine to Eighteen Month Residential Aftercare Program

"If you hold to my teaching, you are really my disciples.
Then you will know the truth and the truth will set you free"
John 8:31a-32.

Rick Mathes
EXECUTIVE DIRECTOR
Trish Mathes
EXECUTIVE AFTERCARE DIRECTOR
Crystal Goings
ST. LOUIS AFTERCARE DIRECTOR

APPLICATION

Please Choose One: St. Louis Guest Homes ___ Fort Good Shepherd Ranch ___

Access to Recovery II referral: Yes ___ No ___

Please answer all questions honestly and completely.

GENERAL INFORMATION

Last Name _____ First Name _____ Middle _____

Institution _____ ID# _____

Address _____ Zip _____

(last) Home Address _____ Zip _____

Date of Birth _____ Social Security # _____ Marital Status _____

Sex _____ Height _____ Weight _____ Disability _____

Expected Release Date _____ Explain _____

How did you learn about Mission Gate? _____

If accepted, what would you like to accomplish during your year at Mission Gate? _____

Please Choose One: Married ___ Engaged ___ Single ___ Do you have children? Yes ___ No ___

If Yes, will you need to pay child support? Yes ___ No ___ Back support? Yes ___ No ___ Current support? Yes ___ No ___

List One Personal Reference:

Last Name _____ First Name _____ Middle _____

Address _____ Zip _____

Phone _____ Email Address _____

List Two Nearest Relatives:

Last Name _____ First Name _____ Middle _____

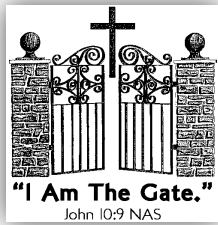
Relationship _____

Address _____ Zip _____

Phone _____ Email Address _____

P.O. Box 6644, Chesterfield, MO 63006 • missiongateministry@msn.com • missiongateministry.org

Office: 636-391-8832 • Fax: 636-391-6611



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Last Name _____ First Name _____ Middle _____
Relationship _____
Address _____ Zip _____
Phone _____ Email Address _____

A Personal References Form should be filled out and sent in under separate cover by the reference of your choice.

SPIRITUAL INFORMATION

Please check the description below that best summarizes your relationship with Jesus Christ:

- ___ This is the first time I have thought about it.
- ___ I have thought about it but I am not sure that I am ready to make a decision.
- ___ I have not made a commitment to Jesus, but I am ready to do so now.
- ___ I think I have made a commitment to Jesus, but I am not sure.
- ___ I know I made a personal commitment to Jesus on this date _____

Briefly explain this commitment _____

What churches have you attended in the past? _____ Pastor _____

What services you have attended while incarcerated? _____

LEGAL INFORMATION

For what crime are you serving time? _____

List all previous convictions:

Crime _____	Institution _____	Dates _____
Crime _____	Institution _____	Dates _____
Crime _____	Institution _____	Dates _____
Crime _____	Institution _____	Dates _____
Crime _____	Institution _____	Dates _____
Crime _____	Institution _____	Dates _____

Please have a staff worker initial that your criminal history has been verified to the best of their knowledge.

Name _____ Institution _____ Position _____ Initials _____

Do you have any upcoming court dates? Yes ___ No ___ If Yes, when? _____

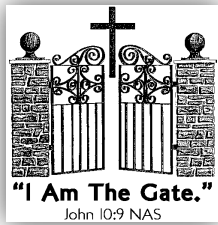
Will you be released on:

Parole _____ Probation _____ No Supervision _____ Private Probation _____

Institutional Parole Officer:

Name _____ Phone # _____

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LEGAL INFORMATION continued

Institutional Case Worker:

Name _____ Phone # _____

Counselor:

Name _____ Phone # _____

Chaplain:

Name _____ Phone # _____

Outside Parole Officer:

Name _____ Phone # _____

Next scheduled parole hearing date _____ Outstanding warrants/charges _____

EDUCATIONAL INFORMATION

Last grade completed _____ Do you have your GED? Yes ___ No ___

If NO, do you plan to work on GED while at the Mission Gate? Yes ___ No ___

Have you ever been diagnosed with a learning disability? Yes ___ No ___

If yes, please explain _____

Circle years of college completed: 1 2 3 4 Area of study _____

Degrees or certificates earned _____

HEALTH RECORD

(Physical)

Do you have any present health problems? Yes ___ No ___

If yes, please list _____

Do you have any past health problems? Yes ___ No ___

If yes, please list _____

List any medications you are currently taking _____

List any medications have you taken in the past _____

HIV positive: Yes ___ No ___ TB positive: Yes ___ No ___ Hepatitis: Yes ___ No ___

List any physical disabilities _____

Are you receiving SSI?: Yes ___ No ___ Amount _____

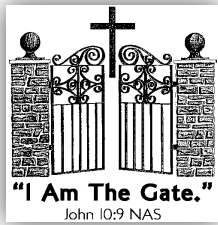
If Yes, for what? _____

Do you plan on applying for SSI?: Yes ___ No ___

If Yes, for what? _____

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HEALTH RECORD continued

Can you work full time? Yes _____ No _____ Can you work part time? Yes _____ No _____

(Mental and/or Emotional)

Have you ever been diagnosed with a mental illness? Yes _____ No _____

If Yes, please explain _____

If Yes, list medications you have taken in the past for this diagnosis _____

If Yes, what medications are you currently taking for this diagnosis _____

Do you feel as though the medications are helping you? Yes _____ No _____

Have you ever been diagnosed with depression or a sleep disorder? Yes _____ No _____

If Yes, please explain _____

If Yes, what medications are you currently taking for depression or a sleep disorder? _____

Do you feel as though the medications are helping you? Yes _____ No _____

What medicines have you taken in the past? _____

Will you have medicine upon release? _____

Will you need any medications upon release? _____

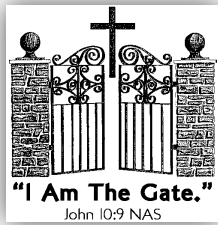
CONFIDENTIAL COUNSELING / LIFE SKILLS NEEDS

Please check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alcoholic Victorious | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Anger Management | <input type="checkbox"/> Victims' Impact |
| <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Marital Counseling | <input type="checkbox"/> Assaultive Aggressive | <input type="checkbox"/> Job Readiness |
| <input type="checkbox"/> Drug Rehabilitation | <input type="checkbox"/> Financial Stewardship | <input type="checkbox"/> Marriage/Family Counseling | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Sex Integrity | <input type="checkbox"/> Victim of Abuse | <input type="checkbox"/> Better Relationships |

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Residential Housing and Aftercare AGREEMENT

I _____, understand that this application will be reviewed by the Mission Gate Staff.

I give Mission Gate my permission to contact any references or other persons or agencies they may choose for the purpose of making a decision on admitting me into their nine month residential aftercare program.

I affirm that the foregoing information is true and accurate to the best of my knowledge and belief.

Furthermore, if any information is deemed incorrect or untrue, or any rules broken, I understand that termination from the program could result.

I further understand that I am responsible for the replacement cost for any damages that I inflict upon Mission Gate property.

I further understand that all household items and furniture belong to Mission Gate and any missing properties will be reported as a theft to the local police.

I thereby give Mission Gate my permission to release any and all information about me to whomever they deem necessary for the purpose of my progress in their program or for the well being of others in this reintegration process as they shall determine.

I further understand that I have no rights as a tenant or renter in the Mission Gate aftercare program where I will reside and I understand that if requested to vacate, I will do so immediately.

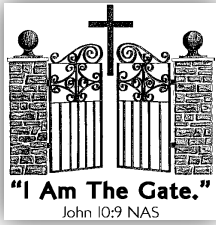
I understand that the police authority will be called to assist if I do not leave immediately and voluntarily.

I further understand that any moneys that I may remit to Mission Gate are a portion of program and housing fee and do not constitute rent.

I have read the Residential Housing and Aftercare Agreement and agree to comply.

Signed Name _____ Date _____

Printed Name _____



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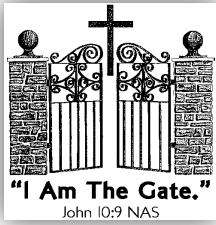
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APPLICANT’S QUESTIONS

Please list any questions you may have, and we will do our best to answer them.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed Name _____ Date _____



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MEMORANDUM OF UNDERSTANDING

This is my personal statement that I _____
do understand that the Mission Gate Aftercare Program is a nine month program.

If accepted, and approved by Parole and Probation, I do promise to stay for the full nine months and I also fully understand that if I do not complete the entire nine month residential housing and aftercare program, I will likely be required to be on an electronic monitoring device, if approved by Parole and Probation, or if not approved and I leave anyway, I fully understand that I will most likely receive a violation, return to an honor center and my parole may be revoked.

Signed Name _____ Date _____

Printed Name _____

Witnessed _____

Title _____ Date _____