



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

APPLICATION FOR APPROVED TRANSITIONAL HOUSING

DEMOGRAPHIC INFORMATION

Check One: New Application Renewal Application Date: _____

Facility Name: _____

Street City County State Zip Code

Administrator / Director: _____
Name Official Title

Administrator / Director's Telephone Number(s): (_____) _____ (_____) _____
Area Code Work Area Code Cell E-mail Address

Contact Person: _____
Name Official Title

Contact Person's Telephone Number(s): (_____) _____ (_____) _____
Area Code Work Area Code Cell E-mail Address

CURRENT FACILITY LICENSES (if any)

Type	Licensed By	License Number	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POPULATION SERVED (Check all that Apply)

Male Female Sex Offender Disabled

HOUSING CAPACITY

Total Number of Rooms: _____ Total Number of Beds: _____ Total Capacity: _____

Facility Handicapped Accessible: Yes No Ratio of Staff _____ to Residents _____

Meals Provided: Breakfast Lunch Dinner Daily Other: _____

Facility Name: _____

Application Date: _____

CONTRACTED SERVICES AT FACILITY

Contractor

Type of Service

_____	_____
_____	_____
_____	_____
_____	_____

Attach Additional Pages as Needed

PROGRAMS AND SERVICES PROVIDED

(Check All That Apply)

Programs Provided	Yes	No	Services Provided	Yes	No
Drug / Alcohol Education	<input type="checkbox"/>	<input type="checkbox"/>	Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Drug / Alcohol Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Medical Services	<input type="checkbox"/>	<input type="checkbox"/>
Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Dental Services	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Program	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
12 - Step Program	<input type="checkbox"/>	<input type="checkbox"/>	Resident Parking	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Fatherhood	<input type="checkbox"/>	<input type="checkbox"/>	GED / Education Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	Support Services	<input type="checkbox"/>	<input type="checkbox"/>

If Support Services are offered please list the type (s):

_____	_____
_____	_____

Other Programs or Services

_____	_____
_____	_____

Please provide the name of the curriculum being used by the facility for any of the above programs.

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE

1. Describe the pre-screening process and method of recruitment:

Facility Name: _____

Application Date: _____

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE (continued)

2. Describe the following aspects of Program completion:

- a. What is the length of the Program?
- b. What criteria determine successful completion of the Program?

3. Please describe the Program structure, including a daily schedule of activities. Identify the Program components designed for resident accountability.

4. What types of potential residents are ineligible for the Program?

5. Program Deposits:

- a. What deposit is required?
- b. When is the deposit required?
- c. What, if any, part of the deposit is non-refundable?
- d. Does the deposit guarantee a place in the Program?
- e. What is the weekly fee for the Program?
- f. What, if any, fees in addition to the deposit and weekly Program fee are required. Please be specific.

6. What is the Program policy for refunds? Please be specific.

7. How long has the Program been in existence? When was it established?

Facility Name: _____

Application Date: _____

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE (continued)

8. Does the Program have a Board of Directors? Please list members of your Board of Directors and Members of Corporation, if applicable.

9. How is the Program funded?

10. Describe the following in regards to the Program's Volunteer structure:

- a. Does the Program utilize volunteers?
- b. Does the Program have a Volunteer Board?
- c. What services do volunteers provide to the Program?

11. Please provide the following information about transportation availability to residents:

- a. Does the Program provide transportation to residents?
- b. If so, for what purposes?
- c. Are additional fees charged for transportation? If so, please describe.
- d. Is the Program located in an area with access to public transportation?

12. What is the Program's policy on resident employment? Does the Program assist with employment? If so, describe the assistance provided.

Facility Name: _____

Application Date: _____

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE (continued)

13. Please describe your procedures regarding maintenance of confidential resident information. Provide a copy of your policy / procedures with this application.

14. Have there been any incidents which involved law enforcement being called or coming to the facility in the past twelve (12 months)? Please provide specific details.

15. What policies and procedures does the Program have about:

- a. Employees on duty
- b. Curfews
- c. Travel
- d. Passes

Facility Name: _____

Application Date: _____

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE (continued)

16. How does the Program handle breaches of Program rules by residents? Outline the disciplinary structure:

17. What resident behaviors qualify as grounds for dismissal?

18. Resident Dismissal:

a. What is the Program policy for notifying a resident of dismissal from the Program?

b. What is the Program policy for notifying a resident's Probation and Parole Officer upon the resident's dismissal from the program?

Facility Name: _____

Application Date: _____

APPROVED TRANSITIONAL HOUSING QUESTIONNAIRE (continued)

19. Resident Information:

- a. What is the Program policy for sharing information with Probation and Parole Officers?
- b. Does the Program policy include obtaining permission for a Release of Information from the resident?

20. Resident Information:

- a. Have you or any other member of the Program submitted a prior Program application for inclusion in the BOPP Transitional Housing List? If so, was the Program approved or denied?
- b. Have you or any other member of the Program had a Program suspended or removed from the BOPP Approved Transitional Housing List:?

21. Have you or any other member of your Program had licensure by the Department of Mental Health denied, suspended or revoked" Please provide specific details.

22. Additional comments or information:

Facility Name: _____

Application Date: _____

ATTACHMENTS

Please provide the following documents with the *Application for BOPP Approved Transitional Housing*.

Attachments	Yes	No	Comments
1. Copies of Certificates of Compliance and / or satisfactory inspections from local authorities			
a. Fire Code	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Housing Code (Use and Occupancy Permit)	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Zoning Ordinance (Conditional or Special Use Permit Accepted)	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Health Code	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Safety Code	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Copies of Business License or of 501 (c) (3) status	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Proof of Premises Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Proof of Automobile Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Proof of TDMH Treatment Provider Licensure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Copy of Resident Application for Facility	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Copy of Facility Policies, Procedures, and Rules	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Copy of Program Fee Policy and list of additional charges	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Signed Guideline Agreement form	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Other Documents	<input type="checkbox"/>	<input type="checkbox"/>	_____

INDIVIDUALS WHO PROVIDE SERVICES AND / OR ARE EMPLOYED AT TRANSITIONAL HOUSING FACILITY

Please provide the information below for each person who provides services at the transitional housing facility. Attach additional pages if needed.

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have read all the information contained in the Department of Correction Guidelines for Transitional Housing. All information and accompanying documentation provided with the Application for TDOC Approved Transitional Housing are true and accurate.

Transitional Housing Provider Signature: _____ Date: _____

Printed Name: _____ Title: _____