USE AS OF: 9/27/2021

DISMAS HOUSE APPLICATION

VOMEN'S DISMAS HOUSE_						
FOR ALL VT DOC REFERRALS: Upload this document, ROI, and other Dismas application documents into the appropriate location in OMS. FOR ALL OTHER APPLICANTS:						
To send applications to Burlington Dismas House:	To send applications to Rutland Dismas House:	To send applications to Hartford Dismas House:	To send applications to the Women's Dismas House:			
East Allen Dismas 103 East Allen St. Winooski, VT 05404	Rutland Dismas House 103 Park Avenue Rutland, VT 05701	Hartford Dismas House PO Box 174 Hartford, VT 05047	Dismas Women's House 22 Royce Street Rutland, VT 05701			
(802) 655-0300	(802) 775-5539	(802) 698-8661	(802) 855-8740			
Scan/email: Justin@dismasofvt.org	Scan/email: Eric@dismasofvt.org	Scan/email: Jeff@dismasofvt.org	Scan/email: heather@dismasofvt.org			
NAME:	St) (Middle)	(Inmate Number)	(Institution)			
NAME:(Last) (First		(Inmate Number)	(Institution)			
NAME:(Last) (First Birth Date:	et) (Middle)	(Inmate Number) Earliest Re	(Institution)			
NAME:(Last) (First Birth Date:	ct) (Middle) Caseworker:	(Inmate Number) Earliest Re	(Institution)			
NAME:(Last) (First Birth Date:	Caseworker:	(Inmate Number) Earliest Re	(Institution)			
NAME:(Last) (First Date:(City) EDUCATION:	Caseworker:	(Inmate Number) Earliest Re	(Institution)			
NAME:(Last) (First Date:(City) EDUCATION:	Caseworker:(County)	(Inmate Number) Earliest Re	(Institution) clease Date:// (State)			
NAME:	Caseworker:(County)	(Inmate Number) Earliest Re	(Institution) clease Date:// (State)			
NAME:	Caseworker:(County)	(Inmate Number) Earliest Recommendation Earliest Recommendation E.D: Yes No Not	(Institution) clease Date:// (State)			
NAME: (Last) (First Date: (Last) (First Date: (City) EDUCATION: Last grade completed: EMPLOYMENT: LAST JOB HELD: Company: From:	Caseworker: (County)	(Inmate Number) Earliest Re	(Institution) clease Date:// (State) Applicable			
NAME: (Last) (First Date: (Last) (First Date: (Last) (First Date: (City) EDUCATION: Last grade completed: EMPLOYMENT: LAST JOB HELD: Company: From: Why did you leave?	Caseworker:(County) G.F. To:	(Inmate Number) Earliest Re	(Institution) Clease Date:// (State) Applicable			

What are you future employment plans?_____

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INCARCERATION:				
Date last returned to facility:/				
Expiration of sentence date://				
Did you know the victim and how?				
Prison job: Prison programs:				
List all prior and current out-of-state convictions (including Federal):				
How much of your adult life has been spent in prison/jail? _	(Please approximate in years or months)			
PERSONAL GOALS:				
HOBBIES:				
	Which one?			
Have you ever lived at Dismas House before?	Which one?			
(VT DOC applicants	s skip to signature line at bottom)			
CURRENT CONVICTIONS: (List all the convictions you a	<u> </u>			
CURRENT CHARGES: (What were the original charges for	or the above listed convictions?)			
Current sentence:				
List all disciplinaries:				
PAST RECORD:				
Prior ADULT convictions: (All convictions you are no long	ger serving a sentence for)			
Prior ADULT arrests, charges: (What were the original charges)	rges?)			

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I agree to stay at Dismas House for a minimum of three months.

SIGNATURE: DATE:	
Dismas of Vermont and the individual Dismas Houses, to the extent required by Federal and State laws, do not sele show preference or impose limitations on any applicants based on race, sex, sexual orientation, gender identity, age	
marital status, religious creed, color, national origin, or disability of a person.	