



To Whom It May Concern:

We have received your letter and request for information. You are eligible for a formal admissions interview. A telephone interview lasts approximately 30-45 minutes. For those of you who are incarcerated, our phone interviews use the same format as face-to-face interviews.

In order to schedule an interview, please complete and sign the attached questionnaire and medical release form, then either fax it to (615) 262-3003 or mail it to The Academy, ATTENTION: Brian Huskey, 822 Woodland Street, Nashville, TN 37206. We encourage you to FAX the signed documents to us in order to expedite the application process.

**IT IS CRITICAL THAT YOU FULLY AND HONESTLY DISCLOSE ALL REQUESTED INFORMATION. WE DO NOT CONDUCT INTERVIEWS UNTIL ALL THE APPLICATION DOCUMENTS HAVE BEEN RECEIVED IN OUR OFFICE.** We do not respond to incomplete applications.

Once this information has been processed, we will contact you (using the reported contact information) to schedule a date and time for your interview. **IT IS THEN YOUR RESPONSIBILITY** to call The Academy at the appointed time, or be present at the interview location on the date/time scheduled. Interviews are conducted between 9:30 a.m. and 11:30 a.m. on Tuesdays, Wednesdays, and Thursdays **ONLY**.

If you have not already done so, please send us a 2-3 page autobiography about your life, drug usage, and things you have done while using drugs. Again, it is critical that you fully disclose information about your life in this document. Please be aware that one of the main criteria for admission to the Academy is a sincere, clearly articulated desire to change your life. In your letter, be sure to write about what it is you want to change in your life and why you want to change.

You will be informed in writing of our decision within 5-7 days after the interview is completed. Our acceptance letter may be presented in court or to a parole officer. If you are **NOT** accepted, you will receive a non-acceptance letter to confirm your status.

Please call our The Academy Admissions Office at (615) 262-3003 with any questions. You may also feel free to EMAIL me at [brian@urbanhousingsolutions.org](mailto:brian@urbanhousingsolutions.org).

Sincerely,

Brian Huskey, FSJ, O.B.E.  
Interim Director

# The Academy Resident Application

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

## **I. PERSONAL INFORMATION**

A. DATE OF BIRTH : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

B. SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

C. RACE (check one): \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian  
\_\_\_\_\_ White/Anglo/Caucasian \_\_\_\_\_ Pacific Islander  
\_\_\_\_\_ American Indian/Native American  
\_\_\_\_\_ Other \_\_\_\_\_

D. ETHNICITY (check one): \_\_\_\_\_ Latino \_\_\_\_\_ Non-Latino \_\_\_\_\_ Other

E. SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

F. Do you have a current valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your Driver's License number \_\_\_\_\_

State of issue \_\_\_\_\_

## **II. PRESENT LIVING SITUATION**

A. Are you currently incarcerated? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were you homeless before you went to jail/prison? \_\_\_\_\_ Yes \_\_\_\_\_ No

For how long? \_\_\_\_\_

How many times homeless in the last three (3) years? \_\_\_\_\_

B. Are you currently homeless? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Do you have income? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much per month? \$ \_\_\_\_\_

From what sources? (e.g. SSI, SSDI) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. HISTORY AT THE ACADEMY**

A. Have you been interviewed for admission to The Academy before?  Yes  No  
 If yes, how many times: \_\_\_\_\_ Date of last interview \_\_\_\_\_

B. Have you been ACCEPTED to The Academy before?  Yes  No

C. How did you hear about The Academy? (check one):

Friend  Inmate  Corrections/Court  Family  
 Website  Caseworker  Other (Specify) \_\_\_\_\_

F. Do you have any type of condition or disorder that would prevent you from performing any work assignment, including lifting up to 100 lbs., standing or sitting for long periods of time, bending, etc.?  Yes  No

**IV. CRIMINAL HISTORY**

A. In your lifetime, how many times have you been arrested for Misdemeanor offenses, including DWI \_\_\_\_\_ Felony offenses \_\_\_\_\_

B. In the last 30 days, how many times have you been arrested for Misdemeanor offenses, including DWI \_\_\_\_\_ Felony offenses \_\_\_\_\_

C. Please list arrests or convictions during your entire lifetime for the following offenses: If none, write "0."

Offense	# of Arrests	# of Convictions
Rape		
Arson		
Child molestation		
Sexual assault		
Homicide, manslaughter		

D. List any pending charges or court dates.

Type	Specific charge	Scheduled court date?
Criminal		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Criminal		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Criminal		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Criminal		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Criminal		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Civil		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Child support		<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____

**V. EDUCATION AND MILITARY HISTORY**

A. Do you have a high school diploma or GED? \_\_\_ Yes \_\_\_ No

If NO, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 College graduate: \_\_\_ Yes \_\_\_ No

B. Please list any verifiable vocational training or certification you have:

TRAINING / CERTIFICATION TYPE	YEAR COMPLETED

C. Are you a veteran of the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

If YES, what branch? \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_

**VI. INCARCERATION INFORMATION** (Complete this section ONLY if you are currently incarcerated).

Contact name within facility: \_\_\_\_\_

Title: \_\_\_\_\_

Facility telephone # \_\_\_\_\_ Ext. \_\_\_\_\_ FAX #: \_\_\_\_\_

Facility name: \_\_\_\_\_

Facility street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County: \_\_\_\_\_

Facility type: \_\_\_ Jail \_\_\_ Prison

Scheduled release date: \_\_\_\_\_

**VII. HOMELESSNESS INFORMATION** (Complete this section ONLY if you are currently homeless or have previously met the definition of "chronically homeless").

Are you CHRONICALLY HOMELESS? \_\_\_ Yes \_\_\_ No

Definition: A "chronically homeless" person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. Disabling conditions can include DIAGNOSABLE addictive disorders, DSM-IV mental health disorders, physical disabilities, or developmental disabilities. For the purposes of applications to The Academy, anyone claiming such disability MUST be able to provide WRITTEN information regarding their condition. The Academy reserves the right to request a physical or mental evaluation, to be provided at the applicant's expense, or by the referring agency. PHYSICIAN DOCUMENTATION IS REQUIRED.

Agency referral contact name \_\_\_\_\_

Title: \_\_\_\_\_

Name of agency \_\_\_\_\_

(NOTE: The referral agency MUST be able to verify your homeless status)

Agency telephone #: \_\_\_\_\_ Ext \_\_\_\_\_

Agency FAX #: \_\_\_\_\_

Agency Street Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Applicant Authorization for Release of Information  
READ CAREFULLY**

**By signing this application, I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation in any assisted housing program.**

**Information Inquires about:**

Childcare expenses, Family Composition, Federal, State, Tribal, or local Benefits, Medical Expenses, Citizenship, Credit History, Criminal Activity, Employment, Income, Pension, and Assets, Identity and Marital Status, Handicapped Assistance Expenses, Social Security Numbers, Residences and Rental History.

**Individuals or Organizations that may release information:** Banks or other Financial Institutions, Law Enforcement Agencies, Employers-past and present, Courts, Federal, State or Local corrections facilities, Credit Bureaus, Landlords, Alimony, Pensions/Annuities.

**Providers of:** Child Care, Schools and Colleges, Credit, U.S. Social Security Administration, Handicapped Assistance, Utility Companies, Medical Care (physical and/or mental), Welfare Agencies, U.S. Department of Veterans Affairs, U.S. Department of Immigration and Naturalization.

**Accurate Information:** I declare that all of the statements on the accompanying application and any supplemental information are true and correct. If I fail to fully and completely answer any question or give false information, I understand that my application may be rejected. **Giving false information is a serious criminal offense.**

**In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.**

**I agree that the photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing application may be denied or terminated.**

Everything stated on this form is true to the best of my understanding. If I am accepted to The Academy, I understand that The Academy reserves the right to not admit me to the program or discharge me once I have been admitted if it is found that I falsified any information on this form.

**Applicant signature X** \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: THIS APPLICATION FORM MUST BE ACCOMPANIED BY THE MEDICAL RELEASE OF INFORMATION AND YOUR PERSONAL AUTOBIOGRAPHICAL STATEMENT OF 2-4 PAGES ABOUT YOUR LIFE, YOUR DRUG USAGE, CRIMINAL HISTORY, AND WHAT THINGS YOU HAVE DONE WHILE USING DRUGS AND COMMITTING CRIMES.**

**NOTE: Incomplete applications are not considered, nor will The Academy be able to respond to incomplete applications.**



822 WOODLAND STREET  
NASHVILLE, TN 37206  
(615) 262-3003

## DURABLE MEDICAL RECORDS RELEASE FORM

I, \_\_\_\_\_, Born \_\_\_\_\_  
(Print name) (Print date of birth)

(Please check ONE of the following)

- a resident of Nashville, Davidson County, Tennessee, OR  
 a resident of The Academy, OR  
 an applicant for resident at The Academy,

a program of Urban Housing Solutions, Inc. (UHS), do hereby authorize the release to The Academy of all medical records, including but not limited to the disclosure of past and present medical conditions, past and present prescriptions, and past and planned medical procedures. This Release is to extend to all doctors, nurses and medical personnel, and will hold them harmless against violations of my right of privacy or any other harm that may result from full disclosure.

I am aware that my medical information may be shared with governmental agencies working with The Academy and UHS in furtherance of my well-being, and I grant my permission for same. I am, further, aware that this Release will remain in full force and effect until withdrawn by me in writing with said instrument being recorded in the Registers Office of Davidson County, Tennessee. This Release is to be durable in nature and will survive any incapacity on my part.

This Release may be used by Brian Huskey, Interim Executive Director of The Academy and/or his duly appointed successor as Executive Director to contact any and all medical personnel on my behalf.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

X \_\_\_\_\_  
(Sign name here) (Print date here)