

# The Tribe of Levi Ministries – Wichita, KS

## Application for Discipleship Program

Fill out every field below, then use the **Submit Application by Email** button at the end of this form. If your PDF viewer doesn't support submitting forms directly, save this completed file and email it as an attachment to [info@tribeofleviks.org](mailto:info@tribeofleviks.org).

### Personal Information

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Full Name (First, Middle, Last):

Alias/Nicknames (if any):

DOC Booking Number:

Present Address (Street, City, State, Zip):

City and State of Birth:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Emergency Contact (Name, Phone, Relationship):

### Documentation and Identification

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Do you have a valid driver's license?

Yes                  No

If yes, License Number and State:

Do you have a state-issued ID, birth certificate, and Social Security card?

Yes                  No

If no, which documents are missing?

Are you a veteran?

Yes                  No

If yes, what was your type of discharge from service?



## Incarceration and Legal Information

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Current or Most Recent Facility Name & Unit:

Facility Address:

Incarceration Start Date:

Expected Release Date:

Will you be on probation or parole upon release?

☐ Yes ☐ No

If yes, how long will you be on parole?

Do you have to register (e.g., sex offender registry)?

☐ Yes ☐ No

KDOC Number:

Name of Probation/Parole Officer:

Direct Contact Phone Number of Officer:

How often do you report?

☐ In-person ☐ Email ☐ Phone

Do you owe court fines?

☐ Yes ☐ No

Amount owed:

Due Date:

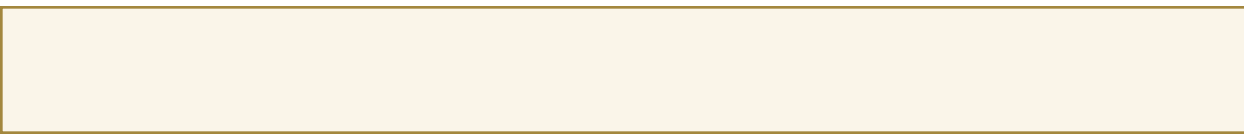
Have you ever been charged or convicted of a sex crime?

☐ Yes ☐ No

If yes, please explain:

Have you ever been convicted of domestic violence?

☐ Yes ☐ No



If yes, please explain:

Do you currently have a restraining order against you?

Yes                  No

If yes, who filed it, and what is your relationship to them?

When does it expire?

Have you ever been, or are you now, affiliated with any gangs?

Yes                  No

If yes, which gang? What was your age when affiliated, and how long were you involved?

Do you have any unresolved conflicts with people outside of prison?

Yes                  No

If yes, please explain:

What is the cumulative amount of time you have served in prison?

How many times have you been to prison and/or jail?

List all crimes for which you have been indicted and/or convicted, and the length of time served for each.

Did you receive any DRs (Disciplinary Reports) while in prison?

Yes                  No

If yes, please list them here:

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Have you used drugs while being incarcerated?

Yes

No

## Family Information

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Do you have children?

Yes

No

If yes, list their names and ages:

Where do your children currently live?

Describe your relationship with your children.

How will you respond if the ministry restricts you from a potentially harmful relationship with a family member or friend?

Please describe your relationship with your family (parents, siblings, extended family).

Describe your childhood.

Have you experienced any significant losses in your family, such as suicide, murder, or other traumatic events?

Yes

No

If yes, please explain:

Are you married or do you have a significant other?

Yes

No

If yes, what is their name?

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## Addictions and Triggers

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Have you ever struggled with other addictions (besides drugs/alcohol), such as sexual, smoking, pornography, gambling, cutting, or co-dependency?

Yes                  No

If yes, please explain which addictions you have struggled with.

What triggers cause you to resort to addictive behaviors? (e.g., stress, loneliness, financial struggles, relationships)

List all the programs you have completed to address your addictions.

Are you willing to participate in the program to address your addictive behaviors?

Yes                  No

Are you willing to agree to find a mentor for accountability in your life after you are released?

Yes                  No

If no, please explain:

Do you have difficulty controlling your anger?

Yes                  No                  Sometimes

If yes or sometimes, how do you typically handle anger?

## Counseling and Mental Health History

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Have you had any professional counseling in the past?

Yes                  No

If yes, please provide details about the type of counseling and duration.

Have you ever been in juvenile detention?

Yes                  No

If yes, at what age?

## Spiritual Journey and Program Commitment

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Have you accepted Jesus Christ as your Lord and Savior?

Yes                  No

What role does your faith in Jesus Christ play in your recovery and healing journey?

What does being a disciple of Christ mean to you? How do you want to live out that role?

How will you respond when the ministry enforces a rule that you do not understand or agree with?

## Post-Release Planning

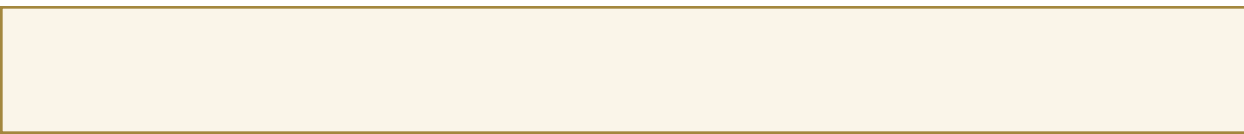
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What concerns do you have about being released?

What difficulties do you believe you will face once released from prison? (e.g., finding work, rebuilding relationships, staying sober)

What are your specific plans for the future? (e.g., job, housing, faith journey)

How do you feel this program can help you achieve those plans?



I acknowledge that all the information I have provided is true and complete to the best of my knowledge. I understand that The Tribe of Levi Ministries is a faith-based discipleship program with rules and expectations centered around Christian principles, and I am willing to commit to this lifestyle for the duration of my stay.

Signature (type your full legal name):

Date:

**Submit Application by Email**

This button emails the completed form to [info@tribeofleviks.org](mailto:info@tribeofleviks.org) when opened in a full PDF reader such as Adobe Acrobat Reader (free download). If nothing happens when you click it — for example, if you are viewing this in a web browser — please save the completed PDF and attach it to an email addressed to [info@tribeofleviks.org](mailto:info@tribeofleviks.org) instead.