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RESIDENT APPLICATION

E-mail form to info@benevolencefarm.org or mail to PO Box 1313, Graham NC 27253

BASIC INFORMATION

TODAY'S DATE: ___/___/___

FIRST NAME: _____ MI _____ LAST NAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: ___/___/___ Age: _____ OPUS: _____

PRONOUNS: _____

Describe yourself in one to two sentences: _____

COUNTY OF LAST RESIDENCE (IF APPLICABLE): _____

DATE OF INCARCERATION: ___/___/___

DATE OF RELEASE: ___/___/___

HOW DID YOU HEAR ABOUT BENEVOLENCE FARM? _____

RELATIONSHIPS

SUPPORT PERSONS:

Family members, partner(s), friends who are supportive in your interest in Benevolence Farm:

Are there persons that are resistant to your participation with Benevolence Farm, do not wish to see you succeed, and/or will be of danger to you? **YES NO** If yes, please explain:



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EDUCATION

WHAT IS YOUR CURRENT LEVEL OF EDUCATION? _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA/GED? (circle one) **Yes** **No**

WHAT ARE YOUR EDUCATIONAL GOALS? _____

WORK AND HOBBIES

What jobs did you have before prison?

Have you ever worked on a farm or in the agricultural field? If so, please explain? YES NO

What classes and/or activities have you participated in while incarcerated?

What are some professional or personal skills you feel you are good at?

Name some of your proudest accomplishments in the last three years.

What are some of your favorite hobbies or pastimes?



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Please list your career goals:

HEALTH

How is your overall health now? (circle one) EXCELLENT GOOD FAIR POOR

Do you have any chronic health problems? (circle one) **Yes** **No**

If yes, please specify: _____

Are you currently having any physical problems or challenges? (circle one) **Yes** **No**

If yes, please specify: _____

Do you have mental health diagnoses? (circle one) **Yes** **No**

If yes, please explain: _____

Do you need support accessing medication and healthcare upon release? **Yes** **No**

If yes, what support are you looking for: _____

Are you currently taking any medications? (circle one) **Yes** **No**

If yes, are the medications you are taking self regulated or do you need support from a medical provider?

Are you allergic to any foods or medications? (circle one) **Yes** **No**

If yes, please specify what: _____



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SUBSTANCE USE

Do you have a history of drug and/or alcohol use? Please elaborate. If no, skip to the next section.

What is the status of your recovery?

Have you ever been in residential treatment for drug or alcohol abuse? Was this helpful for you? Why or why not?

What are your goals around your history of drug and/or alcohol use?

Benevolence Farm is a sober program where alcohol and illegal drugs are not allowed on the property. We hope to incorporate harm reduction and will hold space for individuals who are navigating their recovery journey, while protecting the physical and emotional safety of other residents. This may look like temporarily connecting a resident who has relapsed with a detox facility, and then creating a Safety Plan with them upon their return to the farm, as opposed to immediate dismissal. We intend to partner with and support all of our residents as they work towards their individual goals, which will include substance use treatment, therapy, and other healing offerings.

Does this match your goals while on the farm? Please elaborate.



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Do you have any questions about this policy?

HISTORY of COURT/LEGAL INVOLVEMENT

Tell us more about why you are or were incarcerated. Feel free to share as little or as much information as you'd like.

Have you incurred any infractions or disciplinary actions while incarcerated? (Circle) **Yes** **No**

If yes, please explain:

Do you have any outstanding legal issues (i.e. warrants, etc.) that you think it would be helpful for us to know about? Please elaborate.



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PERSONAL DEVELOPMENT

What would you consider to be your strengths, talents, gifts, etc.?

What is something people often get wrong about you?

What would you consider to be areas of growth?

Why are you interested in Benevolence Farm as a next step for you?

What interests you about farming?

What are the hopes for the next two years of your life?



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What are your long-term goals?

PHYSICAL ENVIRONMENT

How do you feel about animals on site? Animals in your home?

What are your thoughts and how do you feel about living in a rural area far from a major town?

How do you feel about doing very hard physical work outside? Tasks may include weeding, lifting heavy containers, turning compost, and working in the sun, for up to eight hours.

PLEASE USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE WITH US.



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Applicant Signature:

If applicable, name and signature of person assisting with application:

Name

Signature

Case Manager Name

Case manager contact number

email

Name, address and contact information of prison where applicant is currently based:
