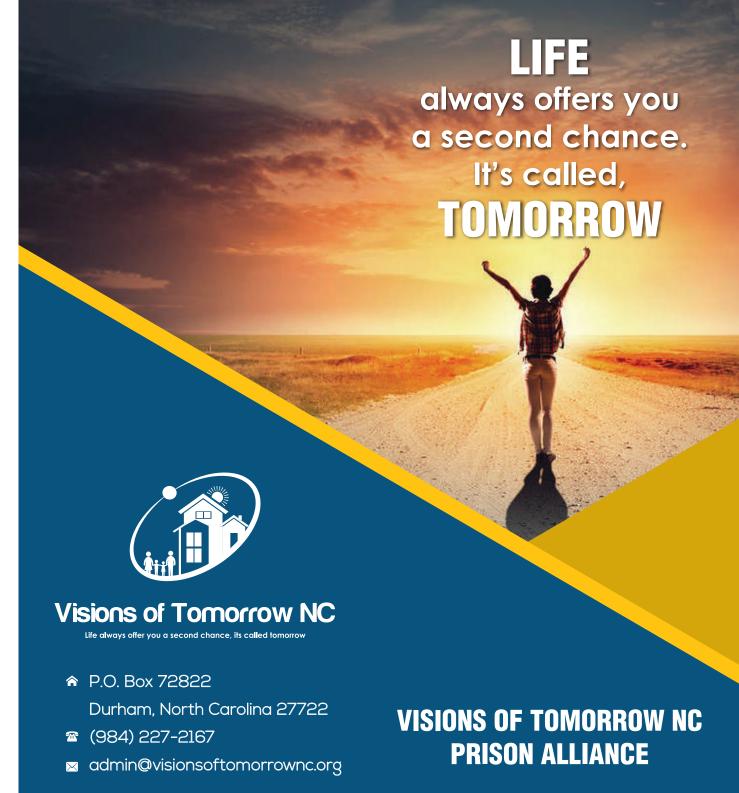
Visions of Tomorrow NC Housing Support PO Box 72822 Durham, NC 27722



PROGRAM QUESTIONNAIRE

FIRST NAME	
DATE OF BIRTH/	
WHAT IS YOUR COUNTY OF CONVICTION _	
WERE YOU CONVICTED OF A FELONY	MISDEMEANOR
OPUS #	
DATE OF RELEASE//	
ARE YOU A SEX OFFENDER? ☐ Yes ☐ No	
CASE MANAGER	
TELEPHONE #	_
FACILITY	
ADDRESS	
WHICH CITY/COUNTY IN NC WILL YOU LIVE	
CONTACT PERSON WHERE YOU WILL RESIDE	
RELATIONSHIP TO YOU	
WHAT SUPPORT DO YOU NEED (please chea	ck) 🗆 JOB 🗀 HOUSING 🗆 BOTH
ARE YOU INTERESTED IN JOB TRAINING? $\ \square$	YES NO
DO YOU CURRENTLY HAVE A SOCIAL SECUR	rity card? 🗆 yes 🗆 no

NOTE: THIS FORM MUST BE SUBMITTED AT LEAST 2 MONTHS PRIOR TO RELEASE

VISIONS OF TOMORROW NC

P.O. BOX 72822, DURHAM, NC 27722 984.227.2167 www.visionsoftomorrownc.org