

2820 West 23rd Street Box #9, Suite 103 Erie, PA 16506 Email: contactus@forgiven-ministries.org Website: www.forgiven-ministries.org Ph: (814) 451-0479 OR (814) 504-8903

Date:				
Inmate's Name:	DOC ID#:			
Institution:				
Dear Chaplain,				
The above-named inmate has expressed interest in Aftercare/Residential House Program. Please note, to request is by Forgiven Ministries, Inc., who is seeking this inmate attends or participates in religious activities.	this is not a reference or referral letter. This information pertaining to whether or not			
Would you or someone on your administrative staff, who often communicates with this inmate please answer the following questions, and return it to me at your earliest convenience? This information is an important part of the application process to the Aftercare/Residential Housing Program at Forgiven Ministries, Inc.				
Thank you for your time in this matter,				
Yours in Christ,				
Forgiven Ministries, Inc.				
Forgiven Ministries, Inc.				

Inmate	e's Name:		DOC ID#:		
Institu [.]	tion:				
	Chaplain	's Letter			
progra LETTER attends	advise us as to the attendance of the about mming offered at your institution. Please Forgiven Ministries, Inc. is seeking informs, attended, participates or participated in this inmate is a suitable candidate for our Fem.	NOTE: Thation per religious	nis is NOT a REFERENCE or REFERRAL rtaining to whether or not this inmate activities offered by the institution to		
Church Attendance:		Bible	Bible Study:		
	Often (3 out of 4 Sundays/month)		Once a week or more		
	Seldom (1 out of 4 Sundays/month)		Once a month or more		
	Never		Rarely		
			Never		
in: 	list all the religious based programs that				
Please describe the extent of the inmate's participation in these programs:					
	rou had any personal contact with the abo Please explain.		ed individual other than at the entry		
Would you recommend her/him for this program? Please explain.					

What, if anything, can you tell us of thi	is applicant's chara	cter/demeanor:
Institutional Chaplains Signature	 Date	Telephone Number