

Application for Approved Program Status with The Kentucky Department of Corrections For Facilitators of Reentry Programs

I. TYPE OF CLASS TO BE OFFERED *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Portal New Direction (PND) | <input type="checkbox"/> Moral Reconciliation Therapy (MRT) |
| <input type="checkbox"/> MRT Mentor | <input type="checkbox"/> MRT Thinking for Good |
| <input type="checkbox"/> MRT Anger Management | <input type="checkbox"/> MRT Staying Quit |
| <input type="checkbox"/> MRT Untangling Relationships | <input type="checkbox"/> MRT Parenting and Family Values |
| <input type="checkbox"/> MRT Breaking the Chains of Trauma | |

II. TYPE OF AGENCY

- | | |
|--|---|
| <input type="radio"/> Government Agency | <input type="radio"/> Non-Profit Agency |
| <input type="radio"/> Private Organization | <input type="radio"/> Corporate Agency |

III. IDENTIFICATION

Facilitator Name: _____

Name of Facility or Group Affiliation: _____

Physical Location for Class: _____
(Street) (City)

(County) (State) (Zip Code)

Mailing Address: _____
(If different from above) (Street) (City)

(County) (State) (Zip Code)

Telephone Number: _____

Email Address: _____
(Primary contact for correspondence)

Name of Supervisor: _____

IV. PRIMARY FACILITY/GROUP CONTACT *(if different from section III)*

Name: _____

Address: _____
(Street) (City)

(County) (State) (Zip Code)

NOTE: Provide the following supporting documentation as an attachment to this application:

- The name, mailing address, email address, and phone number of each person or legal entity having an ownership interest in the facility.
- If owned by a corporation, the name, mailing address, email address, and phone number of each officer or director of the corporation.
- If owned by a partnership, the name, mailing address, email address, and phone number of each partner.

V. PROGRAM EXTENSION SITES *(If more than one extension site, please attach the following information to the application.)*

a. Number of existing location sites, excluding primary location: _____

b. Location information: (If more than one extension location exists, provide the following information as an attachment to this application.)

