



God's Treasure House  
"Where God's Treasures Are Restored"  
A Transitional Living Center for Women & Children  
P.O. Box 5, Schwenksville, PA 19473  
Tel: 215/723-7499

**Re: Request for Information Packet**

Dear \_\_\_\_\_

Thank you for requesting information about God's Treasure House program. **Our program is an intense nine-eighteen month Christian program.** Enclosed you will find several things which will help you determine if this is the right one for you.

**PLEASE READ : "God's Treasure House Program" document carefully and thoroughly**

After reviewing the material, please pray and ask God if this is the program that He would have you take part in when you are released from prison. If you feel it is, please send us:

- 1. A letter detailing your conversation experience and describing your current relationship with Jesus Christ.**
- 2. Complete and return the "Do I Qualify for God's Treasure House Program."**
- 3. Please give your Chaplain the Chaplain Referral Letter, for their review.**

We are excited about the prospect of serving you as you begin rebuilding your life and becoming the woman of God that you are destined to be. We look forward to hearing from you soon.

His,

Gina M. Stocker  
Founder/Executive Director  
GOD'S TREASURE HOUSE MINISTRIES, INC.

## Do I Qualify for God's Treasure House Program

Please answer each question "Yes" or "No".

- \_\_\_ 1. Are you a Christian who is committed to turning your life around?
- \_\_\_ 2. Do you attend most or all of the Christian services held at the prison?
- \_\_\_ 3. Are you willing to do whatever it takes to stay out of prison and succeed?
- \_\_\_ 4. Are you physically able and willing to work a full time job?
- \_\_\_ 5. Do you respond well to authority and having people tell you what to do?
- \_\_\_ 6. Do you enjoy studying the Bible and talking about God?
- \_\_\_ 7. Do you have a teachable spirit?
- \_\_\_ 8. Are you sick of the life you have been living in the past?
- \_\_\_ 9. Would you apply to God's Treasure House if you had another home plan?

### ALSO

- \_\_\_ 1. Do you presently smoke, drink, or use drugs? (Please Circle)
- \_\_\_ 2. Do you plan to resume smoking, drinking, or using drugs in the future?
- \_\_\_ 3. Have you ever been convicted of a sex offense? If yes, explain on back.
- \_\_\_ 4. Have you ever been convicted of arson? If yes, explain on back.
- \_\_\_ 5. Have you ever been convicted of any assault or violent crime? If yes, explain on back.
- \_\_\_ 6. Do you have any serious physical or mental health issues?
- \_\_\_ 7. Do you need drug or alcohol treatment?
- \_\_\_ 8. Do you have any pending charges that need to be resolved?
- \_\_\_ 9. Do you have any communicable diseases such as hepatitis or tuberculosis?

NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

I certify that the information contained in on this form is true and complete. I further understand that any false statements or misrepresentations made by me on this form or any supplement thereto will be sufficient grounds for rejection of my application or expulsion from God's Treasure House program.



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Inmates Name and ID#:

Dear Chaplain,

The above named inmate is interested in God's Treasure House Ministries Aftercare Program. Would you or someone on your staff who often communicates with this inmate please answer the following questions and return it to me at your earliest convenience. This information is a vital part of her application to God's Treasure House.

Church attendance:  Often (3 out of 4 Sundays per month)  
 Seldom (1 out of 4 Sundays per month)  
 Never

Bible Study attendance:  Once a week or more  
 Once a month or more  
 Rarely  Never

Have you had any personal contact with this individual other than at the entry level? Please explain.

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Would you recommend her for this program? Please explain:

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Thank you for your insights.

Yours in Christ,

*Gene M. Stecher*

Chaplain's Name _____ (Please print)
Phone Number (____) _____
Extension _____