**Re-entry Services – SOAR Career Solutions**

 **Program Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correctional Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Commit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if St. Louis, please specify Duluth or Range)

Release Plan: Are you being released to another facility such as a half-way house? If so, what is the name of the facility and how long do you plan on being there**? Or, other contact information post-release.**

**Contact Information (POST-RELEASE:** Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is/are the offense(s) for which you are currently incarcerated?
2. Please describe your criminal history.
3. Why would you like to be involved in Re-entry Services and what do you expect to gain from Re-entry Services?
4. Please check the areas you will need support with:

□ Employment □ Chemical Dependency

□ Housing *□* Parenting/Childcare

□ Transportation *□* Positive, Pro-Social Relationships

□ Mental Health (including medication) □ Education

*□* Physical Health *□* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any clubs, organizations, education you were involved with during incarceration:

**PLEASE PROVIDE ANY “CONDITIONS OF RELEASE” OR RELATED PLAN/AFTERCARE PLANS, THAT WOULD ASSIST RE-ENTRY SERVICES CASE MANAGER IN SUPPORTING EXISTING TRANSITION PLANNING.**

 **SEE BACK SIDE FOR RELEASE OF INFORMATION**

 **RELEASE OF INFORMATION**

Please sign release to be considered for participation in Reentry Services. If you will be on probation or parole after your release, please sign **BOTH** releases.

1. Signing this, I give permission to the Correctional Facility stated above to exchange information regarding any and all assessments, screens, Court Orders, case plans, and treatment reports on my behalf with Reentry Services at SOAR Career Solutions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Date**

1. By signing this, I give permission to the Reentry Services at SOAR Career Solutions to exchange information regarding any and all assessments, screens, Court Orders, case plans, and treatment reports on my behalf with Arrowhead Regional Corrections;.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

|  |
| --- |
| **Case Manager information** |

**Please have your facility Case Manager complete the following information. Please return the completed information to our agency via email to** **cfader@soarcareers.org****, or by mail. Questions/Concerns call (218) 722-3126, ext. 2404.**

OID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RISK ASSESSMENT SCORE: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­

SID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MN Starr, LS- CMI score)

DOC Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Income on Release (not gate fee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion, what barriers will this person need to continue to work on after their release? Check those that apply.

 \_\_\_Employment \_\_\_Chemical Dependency

 \_\_\_ Housing \_\_\_Parenting/Childcare

 \_\_\_ Transportation \_\_\_ Positive, Pro-Social Relationships

 \_\_\_ Mental Health(includes medication \_\_\_ Education

 \_\_\_ Physical Health \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE ANY DOCUMENTATION YOU HAVE: PRE-SENTENCE INVESTIGATION REPORT, PRT, TRANSITION PLAN/AFTERCARE PLAN, CONDITIONS OF RELEASE OR OTHER RELATED PLAN THAT WOULD ASSIST REENTRY SERVICES CASE MANAGERS IN SUPPORTING EXISTING TRANSITION PLANNING.**