

Community Reentry Project

General Program Information

Community Coach Program:

Are you looking for support to help make positive change in your life? Studies have shown that people leaving prison that have a Community Coach are less likely to be incarcerated. This program expects commitment, willingness to change, and open communication. By choosing this program, you are showing that you want to make positive change in your life.

The guidelines of this program are as follows:

1. This program is a commitment you are choosing to make. You are expected to communicate with your coach and program staff, put full effort into it the entire time, and provide contact information for follow up.
2. Community Coaches and participants will be matched by gender. Women will only be matched with women; men will only be matched with men.
3. Community Coaches will be matched by program staff. If you have problems with your Community Coach, please report problems to the staff immediately.
4. Activities with Community Coach and Participant should be positive, healthy and proactive.
5. You should contact your Community Coach when you want help or support. They will check in with you regularly, but if you need help you must make contact with them.
6. You should not give your Community Coach money for any reason. Your Community Coach will not give you money for any reason.
7. You are responsible for any changes you want to make in your life. Community Coaches are there for resources, guidance, and support.

Independent Referral Program:

We want to help you make choices that will keep you from returning to incarceration and be a helpful contributor to (County) community. The *Community Reentry Project* will help provide you with referrals to organizations that have shown an interest in helping people who have previously been incarcerated. We will provide you with this information, but you must make the phone calls, find transportation, and complete anything that needs to be completed. You are able to choose from a three or six month program.

The other guidelines for this program are as follows:

1. You will receive a list of community resources available within the area you will be living in from program staff.

2. You can call the program staff with questions and concerns.
3. The *Community Reentry Project* is here to help with access to community services.
4. Success with community services is dependent on your involvement and effort.
5. The *Community Reentry Project* staff will not make phone calls, write letters, or complete applications on your behalf.

Community Reentry Project

Community Coach Program Guidelines

1. Honesty
 - Be honest with *Community Reentry Project* staff and your Community Coach
 - Hold yourself accountable to all actions; past, present and future
2. Reliability
 - Attend meetings with your Community Coach on time
 - If you need to change meeting dates or locations contact your Community Coach at least one day beforehand or as soon as you can
 - If you say you are going to do something, do it
3. Communication
 - Maintain contact with the *Community Reentry Project* staff for the entire enrollment
 - Notify program staff if your contact information changes, or if you are leaving the program
 - Express concerns to program staff or your Community Coach
 - Report problems with your Community Coach to program staff so changes can be made
 - If you have problems with verbal/physical abuse, sexual harassment, or if your Community Coach is pushing for criminal activity, please report this to program staff immediately
4. Self-Improvement
 - Seek positive experiences
 - Build positive relationships
 - Be actively involved in your program
 - Be a contributing member of the community
 - Stay away from those currently involved with drugs, or any illegal activity
 - Follow all rules of your parole or probation
 - Abstain from drug or alcohol abuse

The items listed above are vital to success in your program and steps toward a life without returning to prison or jail.

The relationship with your Community Coach must strictly be a mentor/mentee relationship. Any exchange of money, participation in illegal activities, development of a sexual relationship or any other inappropriate mentor/mentee behaviors are prohibited

By following the guidelines above, your program and resulting experiences will help you to successfully build a positive future for yourself. We reserve the right to remove individuals from the Community Coach Program if these guidelines are not being followed. By signing below, you understand and agree to everything stated above.

First Name: _____ Middle Initial: _____ Last Name: _____

Participant Signature

Date

Community Coach Communication

Let us know if you're okay with your Community Coach contacting you before you are released.

YES,
I give permission for my Community Coach to contact me while I am incarcerated. The *Community Reentry Project* can provide them with my name, ADC number and facility, and copy of my application.

NO,
I do not give permission for my Community Coach to contact me while I am incarcerated.

First Name: _____ Middle Initial: _____ Last Name: _____

Participant Signature

Date

Community Reentry Project

Questionnaire for Reentry

Be honest. Read the questions and mark the answer that fits best. No answer will cause you to be rejected from the program; they are used to see what services you need.

Personal

Date: ___/___/_____

Last Name: _____ First Name: _____ M.I. _____

Birthdate: ___/___/_____ DOC# _____ Gender: M F

Are you a veteran? Y N Ethnicity (for statistical purposes only): _____

History

- | | | | | | | |
|-----|---|---------------|----------|-----|---|----|
| 1.1 | How old were you when you were first arrested? | 15 or younger | 16 to 25 | 26+ | | |
| 1.2 | How many times have you been arrested? | 1 | 2 | 3 | 4 | 5+ |
| 1.3 | How many times have you been in prison/jail? | 1 | 2 | 3 | 4 | 5+ |
| 1.4 | What was the reason for your most recent incarceration? For how long? | | | | | |

Employment

- | | | | | |
|-----|---|------------|-------------|-------------|
| 2.1 | Did you have a job when you were arrested? | Yes | No | |
| 2.2 | How long have you held a job? | 0-6 months | 6-12 months | Over a year |
| 2.3 | Do you have a job when released? | Yes | No | |
| 2.4 | Do you know how to get identifications (i.e. driver's license, birth certificate, SS card) when you are released? | Yes | No | |

List job skills or training you have:

Health

- | | | | |
|-----|---|-----|----|
| 3.1 | Are you taking any medications? | Yes | No |
| 3.2 | Do you have thoughts about committing suicide? | Yes | No |
| 3.3 | Would you like more information on signing up for health insurance? | Yes | No |
| 3.4 | Have you been diagnosed with any physical disability or mental illness? | Yes | No |

If yes, please explain below:

Substance Use

- | | | | | |
|-----|--|-------|----------|-----|
| 4.1 | How old were you when you first did drugs or alcohol? | Never | Under 16 | 16+ |
| 4.2 | Do you have a substance use problem? | | Yes | No |
| 4.3 | Is your most recent conviction because of drugs/alcohol? | | Yes | No |
| 4.4 | Have drugs/alcohol ever affected your relationships or jobs? | | Yes | No |

Relationships

- | | | | | | |
|-----|---|---------|--------|-------------------|----------------------|
| 5.1 | What is your current relationship status? | Married | Single | Significant Other | Divorced/
Widowed |
| 5.2 | Are other people in your family incarcerated? | | | Yes | No |
| 5.3 | Do you have family <u>without</u> a criminal record near where you will live? | | | Yes | No |
| 5.4 | Do you have people to provide you with emotional and personal support? | | | Yes | No |
| 5.5 | Are you, or have you ever been, involved in a gang? | | | Yes | No |
| 5.6 | Do you have children you plan on being involved with upon release? | | | Yes | No |

If yes, please explain how, or if you need help with this, below:

Housing

6.1 Do you have a place to stay when you get out? Yes No

Please give us a way to contact you upon release:

Address: _____ City _____

Phone number(s): _____

With whom: _____

6.2 Where and with whom were you living when you were arrested?

6.3 Have you ever been homeless? Yes No

6.4 Have you ever rented/owned an apartment/home? Yes No

Behavioral Health

7.1 Do you feel as though you have control over your life? Yes No

7.2 Do you have problems controlling your anger? Yes No

7.3 Do you easily become stressed out or anxious? Yes No

7.4 Are you able to listen to criticisms of yourself by others? Yes No

Financial

8.1 Do you have restitution fees? Yes No

If yes, how much? _____

8.2 Do you have child support or alimony to pay upon being released? Yes No

If yes, how much? _____

8.3 Do you have court/legal fees to pay? Yes No

If yes, how much? _____

8.4 Do you have other debt? Yes No

If yes, for what and how much? _____

Education

- 9.1 Have you completed high school/obtained a GED? Yes No
 If yes, did you get it in prison/jail? Yes No
- 9.2 Do you want to go back to school? Yes No
 If yes, what do you want to study? _____

Services

- 10.1 Will you be on parole or probation when released? Yes No
 If yes, which? Parole Probation
- 10.2 Do you want to have a Community Coach to help you? Yes No
- 10.3 Do you have any kind of transportation (car, bike)? Yes No
- 10.4

10.4	What level of confidence do you have in finding services in your community?	Circle one number																			
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1	2	3	4	5	6	7	8	9	10												
Low									High												
- 10.5 Which program do you want to be enrolled in? Community Coach Program Independent Referral Program

Please list below any classes, counseling, work programs, certificates or anything else you have participated in or accomplished while in prison:

Class/Program	Dates	Want to continue?
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Personal Action Plan

List below three goals you have for when you are released.

Example

Goal 1: I want to get a job

Steps needed to reach Goal 1: Get an ID so I can apply for a job, write a resume, and look in the newspaper to find jobs.

Goal 1: _____

Steps needed to reach Goal 1: _____

Goal 2: _____

Steps needed to reach Goal 2: _____

Goal 3: _____

Steps needed to reach Goal 3: _____

Community Reentry Project

Participant Match Preference

This questionnaire is to help us place you with a Community Coach that you are comfortable working with. Please answer all questions honestly. No answer will affect your enrollment in the program.

First Name: _____ Middle Initial _____ Last Name _____

City Returning to: _____ Date _____

1. Are you willing to drive/get a ride/take public transit to cities that are not your place of residence to meet with your coach?

Yes No Depends

If depends, please explain:

2. Are you in recovery?

Yes No

3. Would you prefer to work with a coach who has experience working with people in recovery or is in recovery?

Yes No

4. Would you prefer to work with a coach who has experienced incarceration?

Yes No Depends

If depends, please explain:

5. Do you want a coach who is a LGBTQ ally?

Yes No

We work our best to match based on these, but cannot guarantee that every area will be matched to your preference.

6. Do you prefer a coach who matches your religion?

Yes No Depends

If yes or depends, please explain:

7. Would you prefer to work with a coach who is a veteran?

Yes No

8. How often would you like to meet with your coach?

Weekly Bi-Weekly Monthly Depends on schedule

9. Are there specific areas you are looking for support in? Please explain:

10. Please explain any other areas or concerns that we did not cover that you would like us to know for the matching process:

We work our best to match based on these, but cannot guarantee that every area will be matched to your preference.

Community Reentry Project Participant Intake Form

Release Date: _____

Enrollment Date: _____

Prison Only: DOC# _____

Date of Birth: _____

Program: _____

Length: 3mo 6mo

Contact Information

First Name: _____ Middle Initial _____ Last Name _____

Phone Number: _(_____)_____ Home Cell Work

Phone Number: _(_____)_____ Home Cell Work

Email: _____

Housing Information

Where are you living?

Homeless: Yes/No

Address: _____ Apartment/Unit _____

City: _____ Zip Code: _____

Who are you living with: _____ Relationship to you: _____

Community Supervision

Are you on Parole: Yes No

Are you on Probation: Yes No

Type of Supervision: _____ Time Remaining: _____

Notes: _____

Community Reentry Project

Audio-Visual Authorization

I, _____ authorize the *Community Reentry Project* to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness, and/or voice without compensation. This material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or Project Sponsor's Internet Web Page.

_____ Initials

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

_____ Initials

Consequently, the *Community Reentry Project* or Project Sponsor may publish materials, photograph, and/or make reference to me in any manner that the *Community Reentry Project* or Project Sponsor deems appropriate in order to promote and publicize their services.

_____ Initials

First Name: _____ Middle Initial: _____ Last Name: _____

Participant/Community Coach Signature

Date

Community Reentry Project

Mentoring Agreement

The *Community Reentry Project* follows general principles of conduct to serve the public and treat all persons associated with the organization with respect, concern, courtesy, and responsiveness. This extends to the volunteers and participants actively involved in our program.

We believe by agreeing to follow these principles during your mentorship, it will foster a positive relationship which will lead to personal growth and success.

The coaching commitment is for three to six months by both the Community Coach and the Participant. However, if agreed upon by both people, we can extend the mentoring commitment.

Participant Print Name

Participant Signature

Date

Community Coach Print Name

Community Coach Signature

Date

Community Reentry Project

Contact Information

Date _____

First Name: _____ Middle Initial _____ Last Name _____

Preferred Name (nickname): _____

Housing:

Where are/will you be living:

Homeless: Yes or No

Address: _____

Apartment/Unit _____

City: _____

State: _____

Zip: _____

Who you live with: _____

Relationship to you: _____

Who you live with: _____

Relationship to you: _____

Who you with live: _____

Relationship to you: _____

We must have at least **TWO (2)** ways to contact you upon your release:

Phone Number: _(_____)_____ Home Cell Work

Phone Number: _(_____)_____ Home Cell Work

Phone Number: _(_____)_____ Home Cell Work

Email: _____



Yavapai Reentry Project Code of Conduct: Participant

The Yavapai Reentry Project, a project of MATFORCE, is a community-based project dedicated to providing reentry support services to justice-involved individuals. Yavapai Reentry Project (“YRP”) is committed to ensuring that all participants are protected and during their enrollment. Participation in the project is subject to the observance of the organization’s rules and procedures. Participants shall strive to conduct themselves in such a manner that the work of YRP is effectively accomplished according to the mission statement.

The activities and conduct outlined below are strictly prohibited:

- Possession of alcoholic beverages or illegal drugs while meeting with staff, coach or volunteer for the project.
- Inter-personal relationships and /or intimacy between coach and participant.
- Overnight stays with YRP coaches.
- Bringing onto MATFORCE’s property dangerous or unauthorized materials such as explosives, firearms, weapons, alcohol or drugs, or other similar items.
- Discourtesy or rudeness to a YRP participant, coach, staff member or volunteer, including abusive language, verbal, physical or visual harassment, or any action that occurs which violates the principles of mutual respect, honesty, fairness, and courtesy.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health, or well-being of others.
- Failure to follow any agency policy or procedure.
- Failure to cooperate with an adult coach/staff member/mentor.

I have read and I understand the Yavapai Reentry Project’s Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Signature: _____

Date: _____

Witness: _____

Date: _____

Please mail completed applications to:

Pinal Community Reentry Project/

Casa Grande Alliance

P.O. Box 11043

Casa Grande, AZ 85130

Or by email to:

cgareentry@gmail.com

Any questions, call us at

520-836-5022

Or stop by and see us at:

280 W McMurray Blvd.

Casa Grande, AZ 85122