



Reentry Profile

(TO BE COMPLETED BY PARTICIPANT)

GENERAL INFORMATION

APPLICANT LAST NAME: _____ DATE OF APPLICATION: _____

FIRST NAME: _____ LAST 4 OF SSN: _____ DOB: _____

CURRENT ADDRESS: _____

HOME PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

RACE/ETHNICITY _____

WHERE WERE YOU BORN? _____

WHERE WILL YOU LIVE WHEN YOU ARE RELEASED?

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE RECEIVED?

WHAT SCHOOL/INSTITUTION DID YOU ATTEND?

WERE YOU A MEMBER OF THE ARMED FORCES? Y/N

IF SO, WHAT BRANCH AND HOW LONG WAS YOUR SERVICE?

DID YOU RECEIVE AN HONORABLE DISCHARGE? Y/N

CURRENT HOUSING STATUS:

INCARCERATED HOMELESS LIVING IN OWN RESIDENCE

DOES ANYONE RESIDE WITH YOU? Y/N

IF SO, WHO? _____

FAMILY INFORMATION

EMERGENCY CONTACT NAME: _____ PHONE: _____
RELATIONSHIP: _____

NEAREST RELATIVE NAME: _____ PHONE: _____
RELATIONSHIP: _____

DO YOU HAVE ANY DEPENDENT CHILDREN? Y/N IF SO, HOW MANY? _____
AGES: _____

HAVE YOU BEEN ORDERED TO PAY CHILD SUPPORT?

INCARCERATION INFORMATION

DATE OF INCARCERATION: _____ RELEASE DATE: _____

ACTUAL DATE OF RELEASE: _____

TOTAL # OF ARRESTS: ___ NUMBER OF CONVICTIONS: ___

NUMBER OF FELONY ARRESTS: _____

WHAT IS THE TOTAL LENGTH OF TIME YOU HAVE SPENT IN JAIL?

WHAT IS THE TOTAL LENGTH OF TIME YOU HAVE SPENT IN PRISON?

WHAT WAS YOUR MOST RECENT CHARGE? _____

DATE COMMITTED? _____

TYPE OF CRIMINAL CHARGE: __ VIOLENT __ NON-VIOLENT

ARE YOU A SEX OFFENDER? Y/N

WERE YOU A YOUTH OFFENDER? Y/N

CURRENT CONVICTION: _____ LOCAL _____ FEDERAL

MOST RECENT FACILITY INCARCERATED IN: _____

DO YOU HAVE A TIME OF COMMUNITY SUPERVISION (PROBATION/PAROLE) UPON
YOUR RELEASE? Y/N

IF SO, HOW LONG? _____

DO YOU HAVE THE NAME AND CONTACT INFORMATION FOR YOUR SUPERVISION OFFICER? Y/N

IF SO, PLEASE SHARE HERE: _____

HEALTH INFORMATION

DO YOU OR HAVE YOU EVER HAD A SUBSTANCE ABUSE PROBLEM? Y/N

IF SO, WHAT? _____

WHEN WAS THE LAST TIME YOU CONSUMED DRUGS AND/OR ALCOHOL?

DO YOU HAVE A DIAGNOSED MEDICAL CONDITION? Y/N

IF SO, WHAT? _____

DO YOU HAVE A DIAGNOSED MENTAL HEALTH CONDITION? Y/N

IF SO, WHAT? _____

DO YOU HAVE A DISABILITY? Y/N

IF SO, WHAT? _____

HAVE YOU OR DO YOU PLAN TO APPLY FOR SSI DISABILITY? Y/N

DO YOU WEAR EYEGASSES? Y/N

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS? Y/N

IF SO, WHAT?

EMPLOYMENT AND BENEFITS INFORMATION

WERE YOU EMPLOYED OR IN SCHOOL BEFORE INCARCERATION? Y/N IF YES, WHERE? _____

TELL US ABOUT YOUR MOST RECENT JOB PRIOR TO INCARCERATION?

SUPPORT SERVICES NEEDED (HOW CAN RESET HELP YOU HAVE A SUCCESSFUL REENTRY?)

SKILLS AND ACCOMPLISHMENTS (MUST PROVIDE PROOF)

PERSONAL GOAL SETTING

WHAT DO YOU WANT TO ACHIEVE THROUGH RESET IN THE NEXT SIX MONTHS?

WHAT ARE YOUR LONG-TERM PERSONAL AND CAREER GOALS?

PERSONAL GOAL:
CAREER GOAL:

ELIGIBILITY CRITERIA SECTION

HAVE YOU BEEN CONVICTED AS AN ADULT AND IMPRISONED UNDER FEDERAL, STATE, OR LOCAL LAW?

HAVE YOU EVER BEEN CONVICTED OF A SEX-RELATED OFFENSE OTHER THAN PROSTITUTION? Y/N

ARE YOU CURRENTLY INCARCERATED AND UNDER SUPERVISION? Y/N

ARE YOU CURRENTLY RELEASED ON PROBATION OR PAROLE? Y/N

ARE YOU CURRENTLY RELEASED ON FEDERAL PROBATION? Y/N

DO YOU HAVE AT LEAST NINE MONTHS REMAINING ON YOUR SENTENCE? Y/N

TERMS OF PARTICIPATION

___ I UNDERSTAND THAT IF ACCEPTED I WILL ADHERE TO ALL THE RULES AND REGULATIONS SET FORTH BY ALIGN COMMUNITY INC'S RESET PROGRAM. I WILL ATTEND ALL SCHEDULED MEETINGS/APPOINTMENTS AND SHARE WITH MY CASE MANAGER ANY CHANGES IN MY EMPLOYMENT, EDUCATION, AND RESIDENCE. I FURTHER AGREE THAT I WILL NOT ENGAGE IN ANY FURTHER CRIMINAL BEHAVIOR AND DO MY BEST TO AVOID CONTACT WITH THOSE INVOLVED IN CRIMINAL BEHAVIOR.

APPLICANT SIGNATURE: _____

DATE: _____