Mail Completed Form To: DBL, P.O. Box 7, San Gabriel, CA 91778

Thank you for completing the following Reentry Org Program Services Profile and Survey PDF file. Mail this profile PDF to participate in our Pilot program resource delivery R & D for California-wide, justice involved and paroling participants. We will follow-up A.S.A.P. to confirm details. [ALL INFORMATION IS CONFIDENTIAL]

AGAPE HEALING POWER

Dream – Learn – Achieve

ORGANIZATION INFO:

Organization Name: _____

Primary Contact name: _____

Primary Contact Title: _____

Organization Type: LLC_____Corp_____501(c)3_____501(c)4_____ Other: _____

Phone #: (_____) _____-_____

Email: _____

Site URL: _____

Mailing Address: _____

HQ Address:_____

PROGRAM / RESOURCE:

Program Resource Name: _____

Resource Type: _____

In-Reach/Out-Reach Services:

1. _____
2. _____
3. _____
4. _____
5. _____

CA. Areas of Coverage? Duration of Service?

1. _____
2. _____
3. _____
4. _____
5. _____

(Re-entry Profile Pg. 2 Cont.)

# of Min/Max People Served?   Pre-Parole or Parole Phase?

1. _____
2. _____
3. _____
4. _____
5. _____

Any Requirements to Receive Services?

1. _____
2. _____
3. _____
4. _____
5. _____

Any Exclusions or Barriers to Receive Services?

1. _____
2. _____
3. _____
4. _____
5. _____

ADA/Special Needs Supported?

1. _____
2. _____
3. _____
4. _____
5. _____

Other Comments or Questions Regarding the Pilot?

_____
_____
_____
_____
_____

Advisor Initials: _____ Date: ____/____/____

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'REENTRY ORG' Survey Q&A

Org Name:_____   Contact Name:_____

Phone: (_____)_____-_____   Email:_____

Questions: (please write brief, specific answers)

1. Describe each J.I. program / resource offering in terms of what success and what failures you have experienced in delivering in-reach and out-reach services? _____
_____
_____
_____

2. Describe the last time you complained about program services or resources delivery that was blocked or stopped? _____
_____
_____
_____
_____

3. What were your organization's specific complaints and the outcomes? _____
_____
_____
_____

4. Describe the most difficult challenges and/or fears your organization faces or experiences when delivering in-reach programs and resources to the incarcerated? _____
_____
_____
_____

5. Describe the biggest challenges and/or fears your organization faces when delivering out-reach programs and resources to parolees at re-entry? _____
_____
_____

6. Describe the specific aspect of each program and/or resources your organization provides, that has the most impact on parolees' safety and successful long-term re-entry community integration? (In support of reducing recidivism) _____
_____
_____

7. Describe Evidence Based Practices (EBP) utilized by your organization's programs and/or resources? _____
_____
_____

7.1. What help does your org need to implement EBP's? _____
_____
_____

7.2. What is blocking your organization from achieving EBP program and resource integration? _____
_____
_____
_____

   Advisor Initials: _____   Date: ____/____/____