



No Struggle No Success, Inc. (NSNS) Reentry Program Referral Form

Submit completed form to: info@nostrugglenosuccess.org. For assistance in completing this form, please call: 443-869-6997. Please visit our website for more information: Program Overview section under about us.

Date: _____

Referring Agency/Organization Information

Name: _____

Name of Referring Agency/Organization: _____

Email: _____ Phone: _____

Note: You must be a parole/probation agent, judge, states attorney, attorney, case manager, social worker, parole commission, physician, teacher, or vetted community partner to complete this form. No Struggle No Success Inc. cannot accept referrals from anyone who is currently incarcerated, nor their family & friends. Minors cannot complete this form.

Participant Information:

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Current Housing (Placement/Detention/Facility): _____

Are you homeless? Yes ☐ No ☐

Personal Home Address (if not homeless):

Social Security #: _____

Date of Birth: _____

Race: _____ Ethnicity: _____ Age: _____ Sex: _____ How do you identify: He/Him, She/Her, They/Them

Email Address: _____ Phone: _____

List your authorized contact person: (Full Name, Address, Number, and Email)

Pending or Open Criminal Charges: _____

Convictions (Found Facts Sustained) (check applicable): Murder ☐ Carjacking ☐ Robbery ☐ Assault ☐ Handgun ☐
Theft ☐ Drug Possession ☐ Other: _____

What ☐ City or ☐ County did the crime occur? _____ ☐ Other State:

State your sentence (start/end date) of the ☐ Disposition ☐ Probation ☐ Commitment ☐ Special Order: (ex. Life+30 years)

☐ Expected Release ☐ Discharge ☐ Schedule Hearing or ☐ Court Dates (must be within 6 months of referral):

State your last ☐ Parole ☐ Preconference ☐ Discharge ☐ Mediation ☐ Staffing Meeting: _____ (month/year)

(Attach documentation if applicable.)

Have you been convicted (Found Facts Sustained) of a Sexual Offense(s): Yes ☐ No ☐ Tier/Degree _____

Under Community Supervision: Parole ☐ Probation ☐ Court Order ☐ Community Service

☐ Home Detention/GPS ☐ Other: _____

Do you hold United States citizenship?: Yes ☐ No ☐

List other Citizenship: _____

Married: Yes ☐ No ☐

Children (list ages, names, and gender):

Military Background: Veteran ☐ Active ☐ Branch: _____

RE-ENTRY PROGRAM SERVICES

Do you have access to the applicant's original copy birth certificate? Yes ☐ No ☐

Do you have a copy of his/her/their social security card? Yes ☐ No ☐

What is the highest grade you have completed? High School _____ College _____ Certifications: _____

Choose the services and resources your client needs, desires, or is required to have. Upon selection, NSNS will develop a tailored reentry home plan, or a juvenile diversion plan based on these preferences. (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Substance Use Disorder/Addiction Support | <input type="checkbox"/> Community Service Hours |
| <input type="checkbox"/> Anger Management/Behavior Intervention (Restorative Justice) | <input type="checkbox"/> Education (Diploma, GED, College) |
| <input type="checkbox"/> Mental Health/Behavioral Health Services | <input type="checkbox"/> Financial Literacy |
| <input type="checkbox"/> Grief Counseling | <input type="checkbox"/> Housing (SUD, Community, or Independent) |
| <input type="checkbox"/> Certified Job Training Referral | <input type="checkbox"/> Healthcare Services (Insurance, Screening, Laboratory Services) |
| <input type="checkbox"/> Workforce Development | <input type="checkbox"/> State Benefits Application Assistance (Snap, TCA, Disability) |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Identification Assistance (License, Permit, Renewals) |
| <input type="checkbox"/> Food/M meal/Clothing/Grooming | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Trigger Management/Character Development Group | |
| <input type="checkbox"/> Tutoring | |

Additional Information: _____

Submission of this referral does not guarantee acceptance/active enrollment. Additional documents are required. NSNS adheres to a non-discrimination policy: the belief that all individuals should be treated the same regardless of their sex, race, sexual orientation, religion, disability, marital status, age, native language, pregnancy, genetic information, citizenship status or any other defining characteristic. *Sex offense charges are subject to immediate denial.