



No Struggle No Success, Inc. Reentry Program Referral Form

All completed referral forms must be emailed, faxed or mailed. Fax : 410-617-0148

Email : info@nostrugglenosuccess.org

You need assistance completing this form, please call 443-869-6997

Download referral forms at www.nostrugglenosuccess.org/programforms

Today's Date: _____

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

What prison/detention center are located? _____ Are you homeless? Yes No

Returning Home Address: _____

Telephone: _____ Social Security: _____ Date of Birth: _____ Race: _____ Ethnicity: _____ Sex: _____

List an adult who you authorized for NSNS to speak with regarding whereabouts, residence, employment, & case management meetings *Do Not List Minors

Name: _____ Address: _____ Primary # _____

If you are represented by private attorney? Please contact our office for service agreement and fee schedule.

If you are being represented by The Office of Public Defender/Assigned Panelled Attorney or

If a case manager/social worker from DPSCS or DOC is the referring agency, please complete the following:

Name: _____

Title: _____

Address: _____

Email address _____ Telephone: _____

Any upcoming court dates: _____

Are you planning for parole, is this your first hearing? If Yes List Date/Month: _____

If not, include your last parole recommendations. Attached Documentation

NOTE:

Tier II, & III sexual offenses are subject to immediate denial.

ALL applicants must sign and return NSNS Authorization of Release form with this referral form. This includes documentation from Parole/Probation, motion filing, court order, contact family/friends, and consent to disciplinary/transfer history, medical release of records to review medical history and education assessments and evaluations complete in the last 6 months.

According to your judiciary commitment(s) check which apply and if released to a substance abuse/mental health program list below:

Parole Probation Court Order Community Service Home Detention/GPS Device **Other:** _____

RE-ENTRY PROGRAM SERVICES

Do you have access to original copy birth certificate? Yes No Social security card? Yes No

What is the highest grade you have completed? _____

Please select the following services that you need assistance with, please note each accepted participant with automatically receive 1:1 mentoring, health education and financial literacy (banking, life insurance, and independent living)

- Substance Abuse/Addiction Support
- Primary Care/Medication Management
- Grief Counseling
- Mental Health/Behavioral Health
- Employment
- Certified Job Training Referral
- Workforce Development
- Food/Meal/Clothing/Grooming
- Housing
- Identification (State ID or License Renewal)
- Legal Support
- Entrepreneurship Program
- Youth Services (tutoring, technology,
- Applying for SNAP, TCA, WIC, Unemployment, Disability (SSA/SSI)
- Other: _____

Additional Details: _____