



## No Struggle No Success, Inc. Reentry Program Referral Form

Submit completed form at email: [info@nostrugglenosuccess.org](mailto:info@nostrugglenosuccess.org)

If you required assistance completing this form, please call 443-869-6997

Please visit our website under Program Questions

Today's Date: \_\_\_\_\_

Who is completing this referral? Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of Referring Agency/ Organization: \_\_\_\_\_

**\*You must be a parole/probation agent, judge, states attorney, attorney, case manager, social worker, parole commisioner, physician or teacher to complete this form.**

**\*No exceptions \*No walkins \*No currently incarcerated/behind the wall can complete this form/nor their family & friends.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

What prison/detention center are located? \_\_\_\_\_ Are you homeless? Yes ☐ If No ☐ What is your returning Home

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Email address: \_\_\_\_\_

Any upcoming court dates/parole hearing: \_\_\_\_\_

Any open charges: \_\_\_\_\_

Are you planning for parole, when was the last hearing date? List Month/Year: \_\_\_\_\_ include your last parole recommendations. Attached Documentation & Risk Assessment include Month/Year \_\_\_\_\_

What charges were you convicted: Murder \_\_\_\_\_ Felony Murder \_\_\_\_\_ Armed Robbery \_\_\_\_\_ Assault Hand Gun \_\_\_\_\_ Theft \_\_\_\_\_ Drug Possession \_\_\_\_\_  
Other: \_\_\_\_\_

Have you ever be arrested and convicted of sexual offense? What Tier I, II, III Other: \_\_\_\_\_ \* subject to immediate denial

What city or county did the crime occur? \_\_\_\_\_ (Baltimore City, Prince George's County, Baltimore County, Frederick, Howard, Kent Counties) Other: \_\_\_\_\_

What was your sentence? \_\_\_\_\_ (Example: Life + 30 yrs, or 25 years all suspended but 10)

Are you under community supervision?

☐ Parole ☐ Probation ☐ Court Order ☐ Community Service ☐ Home Detention/GPS Device **Other:** \_\_\_\_\_

Are you married? if yes, name: \_\_\_\_\_

Do you have child(ren)? Ages: \_\_\_\_\_

Are you military? \_\_\_\_\_ Veteran \_\_\_\_\_ Discharge Date \_\_\_\_\_ 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 social security card? Yes ☐ No ☐

What is the highest grade you have completed? High school \_\_\_\_\_ College \_\_\_\_\_ Certifications: \_\_\_\_\_

By checking the below services and resources will generate reentry home plan or juvenile diversion plan. The services are on-site and/or direct service providers (community partners). You acknowledge all program participants with automatically receive 1:1 mentoring, mental health therapy (weekly or bi weekly) sessions.

Select services does your client need/want/required?

- ☐ Substance Abuse/Addiction Support (IOP/OP) PRP
- ☐ Anger Management/Abuser Intervention (Restorative Justice)
- ☐ Grief Counseling
- ☐ Mental Health/Behavioral Health (Mindfulness)
- ☐ Employment Assistance
- ☐ Certified Job Training Referral
- ☐ Workforce Development/Entrepreneurship
- ☐ Food/M meal/Clothing/Grooming
- ☐ Housing (Community, Independent, or Homeownership)
- ☐ Identification (State ID or License Renewal)
- ☐ Entrepreneurship Program
- ☐ Youth Services (community service hours, tutoring, social empowerment)
- ☐ Financial Literacy & Technology
- ☐ Other: \_\_\_\_\_

Additional Details: \_\_\_\_\_

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 infraction disciplinary/transfer history, medical release of records to review medical history and education assessments and evaluations complete in the last 6 months. .