

# Community Reentry Project

## General Program Information

### Community Coach Program:

Are you looking for support to help make positive change in your life? Studies have shown that people leaving prison that have a Community Coach are less likely to be incarcerated. This program expects commitment, willingness to change, and open communication. By choosing this program, you are showing that you want to make positive change in your life.

The guidelines of this program are as follows:

1. This program is a commitment you are choosing to make. You are expected to communicate with your coach and program staff, put full effort into it the entire time, and provide contact information for follow up.
2. Community Coaches and participants will be matched by gender. Women will only be matched with women; men will only be matched with men.
3. Community Coaches will be matched by program staff. If you have problems with your Community Coach, please report problems to the staff immediately.
4. Activities with Community Coach and Participant should be positive, healthy and proactive.
5. You should contact your Community Coach when you want help or support. They will check in with you regularly, but if you need help you must make contact with them.
6. You should not give your Community Coach money for any reason. Your Community Coach will not give you money for any reason.
7. You are responsible for any changes you want to make in your life. Community Coaches are there for resources, guidance, and support.

### Independent Referral Program:

We want to help you make choices that will keep you from returning to incarceration and be a helpful contributor to (County) community. The *Community Reentry Project* will help provide you with referrals to organizations that have shown an interest in helping people who have previously been incarcerated. We will provide you with this information, but you must make the phone calls, find transportation, and complete anything that needs to be completed. You are able to choose from a three or six month program.

The other guidelines for this program are as follows:

1. You will receive a list of community resources available within the area you will be living in from program staff.

2. You can call the program staff with questions and concerns.
3. The *Community Reentry Project* is here to help with access to community services.
4. Success with community services is dependent on your involvement and effort.
5. The *Community Reentry Project* staff will not make phone calls, write letters, or complete applications on your behalf.

# Community Reentry Project

## Independent Referral Program Guidelines

1. Honesty
  - Be honest with Community Reentry Project staff
  - Hold yourself accountable to all actions; past, present and future
2. Reliability
  - Attend meetings and appointments on time
  - If you say you are going to do something, do it
3. Communication
  - Maintain contact with the program staff for the entire enrollment
  - Notify the program staff if your contact information changes, or if you are leaving the program
  - Express concerns to program staff
4. Self-Improvement
  - Seek positive experiences
  - Build positive relationships
  - Be actively involved in your program
  - Be a contributing member of the community
  - Stay away from those currently involved with drugs, or any illegal activity
  - Follow all rules of your parole or probation
  - Abstain from drug or alcohol abuse

The items listed above are vital to success in your program and steps toward a life without returning to prison or jail.

By following the guidelines above, your program and resulting experiences will help you to successfully build a positive future for yourself. We reserve the right to remove individuals from the Independent Referral Program if these guidelines are not being followed. By signing below, you understand and agree to everything stated above.

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

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

# Community Reentry Project

## Questionnaire for Reentry

Be honest. Read the questions and mark the answer that fits best. No answer will cause you to be rejected from the program; they are used to see what services you need.

### Personal

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_ DOC# \_\_\_\_\_ Gender: M F

Are you a veteran? Y N Ethnicity (for statistical purposes only): \_\_\_\_\_

### History

- |     |   |               |          |     |   |    |
|-----|---|---------------|----------|-----|---|----|
| 1.1 | How old were you when you were first arrested?                        | 15 or younger | 16 to 25 | 26+ |   |    |
| 1.2 | How many times have you been arrested?                                | 1             | 2        | 3   | 4 | 5+ |
| 1.3 | How many times have you been in prison/jail?                          | 1             | 2        | 3   | 4 | 5+ |
| 1.4 | What was the reason for your most recent incarceration? For how long? |               |          |     |   |    |

---



---



---

### Employment

- |     |   |            |             |             |
|-----|---|------------|-------------|-------------|
| 2.1 | Did you have a job when you were arrested?  | Yes        | No          |             |
| 2.2 | How long have you held a job?   | 0-6 months | 6-12 months | Over a year |
| 2.3 | Do you have a job when released?  | Yes        | No          |             |
| 2.4 | Do you know how to get identifications (i.e. driver's license, birth certificate, SS card) when you are released? | Yes        | No          |             |

List job skills or training you have:

---



---

### Health

- |     |   |     |    |
|-----|---|-----|----|
| 3.1 | Are you taking any medications?   | Yes | No |
| 3.2 | Do you have thoughts about committing suicide?                          | Yes | No |
| 3.3 | Would you like more information on signing up for health insurance?     | Yes | No |
| 3.4 | Have you been diagnosed with any physical disability or mental illness? | Yes | No |

If yes, please explain below:

---

---

### Substance Use

- |     |  |       |          |     |
|-----|--|-------|----------|-----|
| 4.1 | How old were you when you first did drugs or alcohol?        | Never | Under 16 | 16+ |
| 4.2 | Do you have a substance use problem?                         |       | Yes      | No  |
| 4.3 | Is your most recent conviction because of drugs/alcohol?     |       | Yes      | No  |
| 4.4 | Have drugs/alcohol ever affected your relationships or jobs? |       | Yes      | No  |

### Relationships

- |     |   |         |        |                   |                  |
|-----|---|---------|--------|-------------------|------------------|
| 5.1 | What is your current relationship status?                                     | Married | Single | Significant Other | Divorced/Widowed |
| 5.2 | Are other people in your family incarcerated?                                 |         |        | Yes               | No               |
| 5.3 | Do you have family <u>without</u> a criminal record near where you will live? |         |        | Yes               | No               |
| 5.4 | Do you have people to provide you with emotional and personal support?        |         |        | Yes               | No               |
| 5.5 | Are you, or have you ever been, involved in a gang?                           |         |        | Yes               | No               |
| 5.6 | Do you have children you plan on being involved with upon release?            |         |        | Yes               | No               |

If yes, please explain how, or if you need help with this, below:

---

---

## Housing

6.1 Do you have a place to stay when you get out? Yes No

Please give us a way to contact you upon release:

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

Phone number(s): \_\_\_\_\_

With whom: \_\_\_\_\_

6.2 Where and with whom were you living when you were arrested?

\_\_\_\_\_

6.3 Have you ever been homeless? Yes No

6.4 Have you ever rented/owned an apartment/home? Yes No

## Behavioral Health

7.1 Do you feel as though you have control over your life? Yes No

7.2 Do you have problems controlling your anger? Yes No

7.3 Do you easily become stressed out or anxious? Yes No

7.4 Are you able to listen to criticisms of yourself by others? Yes No

## Financial

8.1 Do you have restitution fees? Yes No

If yes, how much? \_\_\_\_\_

8.2 Do you have child support or alimony to pay upon being released? Yes No

If yes, how much? \_\_\_\_\_

8.3 Do you have court/legal fees to pay? Yes No

If yes, how much? \_\_\_\_\_

8.4 Do you have other debt? Yes No

If yes, for what and how much? \_\_\_\_\_

\_\_\_\_\_

**Education**

- 9.1 Have you completed high school/obtained a GED? Yes      No  
 If yes, did you get it in prison/jail? Yes      No
- 9.2 Do you want to go back to school? Yes      No  
 If yes, what do you want to study? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Services**

- 10.1 Will you be on parole or probation when released? Yes      No  
 If yes, which? Parole      Probation
- 10.2 Do you want to have a Community Coach to help you? Yes      No
- 10.3 Do you have any kind of transportation (car, bike)? Yes      No
- 10.4 

10.4	What level of confidence do you have in finding services in your community?	Circle one number																			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> <td style="width: 10%;">6</td> <td style="width: 10%;">7</td> <td style="width: 10%;">8</td> <td style="width: 10%;">9</td> <td style="width: 10%;">10</td> </tr> <tr> <td style="text-align: center;">Low</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">High</td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	Low								
1	2	3	4	5	6	7	8	9	10												
Low									High												
- 10.5 Which program do you want to be enrolled in? Community Coach Program      Independent Referral Program

**Please list below any classes, counseling, work programs, certificates or anything else you have participated in or accomplished while in prison:**

Class/Program	Dates	Want to continue?
		Yes      No
		Yes      No
		Yes      No
		Yes      No
		Yes      No
		Yes      No
		Yes      No

# Personal Action Plan

List below three goals you have for when you are released.

*Example*

Goal 1: I want to get a job

Steps needed to reach Goal 1: Get an ID so I can apply for a job, write a resume, and look in the newspaper to find jobs.

Goal 1: \_\_\_\_\_

Steps needed to reach Goal 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 2: \_\_\_\_\_

Steps needed to reach Goal 2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal 3: \_\_\_\_\_

Steps needed to reach Goal 3: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Community Reentry Project Participant Intake Form

Release Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Prison Only: DOC# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

Length: 3mo 6mo

## Contact Information

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

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Home Cell Work

Phone Number: \_(\_\_\_\_\_)\_\_\_\_\_ Home Cell Work

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

## Housing Information

Where are you living?

Homeless: Yes/No

Address: \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Who are you living with: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Community Supervision

Are you on Parole: Yes No

Are you on Probation: Yes No

Type of Supervision: \_\_\_\_\_ Time Remaining: \_\_\_\_\_

Notes: \_\_\_\_\_

# Community Reentry Project

## Audio-Visual Authorization

I, \_\_\_\_\_ authorize the *Community Reentry Project* to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness, and/or voice without compensation. This material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or Project Sponsor's Internet Web Page.

\_\_\_\_\_ Initials

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

\_\_\_\_\_ Initials

Consequently, the *Community Reentry Project* or Project Sponsor may publish materials, photograph, and/or make reference to me in any manner that the *Community Reentry Project* or Project Sponsor deems appropriate in order to promote and publicize their services.

\_\_\_\_\_ Initials

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

\_\_\_\_\_  
Participant/Community Coach Signature

\_\_\_\_\_  
Date

# Community Reentry Project

## Contact Information

Date \_\_\_\_\_

First Name: _____	Middle Initial _____	Last Name _____
Preferred Name (nickname): _____		

### Housing:

Where are/will you be living:	Homeless: Yes or No	
Address: _____	Apartment/Unit _____	
City: _____	State: _____	Zip: _____
Who you live with: _____	Relationship to you: _____	
Who you live with: _____	Relationship to you: _____	
Who you with live: _____	Relationship to you: _____	

We must have at least **TWO (2)** ways to contact you upon your release:

Phone Number: _(_____)_____	Home	Cell	Work
Phone Number: _(_____)_____	Home	Cell	Work
Phone Number: _(_____)_____	Home	Cell	Work
Email: _____			

**Please mail completed applications to:**

*Pinal Community Reentry Project/*

*Casa Grande Alliance*

*P.O. Box 11043*

*Casa Grande, AZ 85130*

**Or by email to:**

[cgareentry@gmail.com](mailto:cgareentry@gmail.com)

**Any questions, call us at**

**520-836-5022**

***Or stop by and see us at:***

***280 W McMurray Blvd.***

***Casa Grande, AZ 85122***