



Douglas County Sheriff's Office
Corrections Division

Reentry Eligibility, Rules and Expectations

Now that you are sentenced, you may be eligible to participate in the Douglas County Sheriff's Department *Reentry Program* if you meet the requirements below. Reentry is designed to provide inmates with the necessary tools and skills to safely and successfully reenter back into the community.

Please find attached the initial inmate reentry assessment to begin the process of determining your needs relating to your respective personal lives, facilitating attendance at programs/services and determining what personal documents you may require.

If you are not eligible for the *Reentry Program*, you may still access some of the available resources and information both the *Reentry Program* and the *Programs Division* has to offer. I may provide you guidance on reaching out to these available programs and information.

If you are interested in being assessed for possible placement, please review, sign and state the rules and expectations information below. Complete the initial assessment attached and return it to me. Upon receipt, I will contact you for an individual appointment. Please advise if there are times that conflict with any visitations, programs or other scheduled activities.

The mission of the Reentry Program is to enhance public safety by bringing together the public and private resources of Douglas County to help ex-offenders successfully re-enter their neighborhoods as accountable, self-sufficient and law-abiding citizens.

MANDATORY MINIMUM ELIGIBILITY FOR ADMISSION

- Sentenced time to serve:
 - at sentencing; or
 - as a probation violation dispositional sanction; or
- As ordered by the convening Court; and
- No Level III disciplinary write-ups for a minimum of 2 weeks; and
- Returning to the Douglas County area upon release; and
- Agree to sign Release of Confidential Information forms to parties involved in the development and execution of the reentry plan; and
- Agree to submit to random drug and/or alcohol screens at the request of Correctional staff within 4 hours of request; and
- As approved by the Reentry Director.

MANDATORY DISQUALIFICATIONS

- Pre-Conviction; or
- Awaiting transport to a state or federal detention or correctional facility; or
- Inmates returning to a community in which the majority of their support is outside of Douglas County, Kansas; or
- Classification within the disciplinary segregation or administrative segregation units.

PROGRAM STRUCTURE

- Inmate completes the Inmate Intake Assessment to determine if they may be eligible for the program;
- Sign Release of Confidential Information form(s) to potential resource contact(s);
- Inmate and Reentry Specialist develop initial Local Correctional Inmate Release Plan (LoCIRP) to identify and schedule targeted programming;
- LoCIRP is updated to meet goals and work through reentry;
- Inmate completes internal programs prior to release;
- Inmate participates and continues in needed programs and resources after release;
- Inmate follows up with reentry program 6 months after release.

PROGRAM REMOVAL

Inmates may be removed from the *Reentry Program* for:

- Non-compliance with programs per Programs policy 1.9, "Participation/Denial":
All inmates may participate in facility programs as long as they are not a behavior or disciplinary problem. If an inmate is a disciplinary problem while in programs or on freetime officers will document their behavior on a Corrections Incident Report. The Shift Supervisor may immediately suspend the inmate's privileges and forward the report to the Programs Director for review. After review of the Corrections Incident Reports the Programs Director may further suspend the inmate's privileges to attend programs. Length of Program suspension will be determined by Facility Administration; or
- Any Level III disciplinary write-up; or
- Potentially any Level II disciplinary write-up (will be reviewed by the Reentry Director for possible program removal at his/her discretion).

FOLLOW UP

Inmates will follow up with the *Reentry Program* 6 months after release. Incentives and rewards may be provided for the follow up visit.

I acknowledge that maintaining my admission into the *Reentry Program* is dependent upon following the program's rules, responsibilities and expectations. My positive performance in the program may provide credit for time served and may be reported to the sentencing Court.

Inmate Signature

Date

Witness

Date

Date: _____ Inmate's Name: _____ Pod: _____



Douglas County Sheriff's Office
Corrections Division

Eligible:	YES	NO
Comments:	_____	

Reentry Assessment Process – Inmate Intake Assessment

This assessment tool shall be utilized to begin the process of determining the needs of the inmate relating to their respective personal lives, facilitating attendance at programs/services and determining what personal documents the inmate may require and to function as a mechanism to aid the inmate with his/her route to successful reentry back into the community.

If an inmate is deemed a candidate for the Reentry Program, the reentry team will assist you to develop a meaningful and clear path for the inmate's journey to success. Your responses will only be used to assist the reentry program assist you. Participation is voluntary, but upon completing this form the reentry program will contact you to discuss your responses and helpful resources.

RESOURCE DEVELOPMENT

The following questions will help determine initial resources for Reentry to obtain.

- | | | |
|---|-------|----|
| 1) Upon your release do you plan on residing in Douglas County, Kansas? | YES | NO |
| If no, then where will you reside? | | |
| Address: _____ | | |
| Phone Number: _____ | | |
| 2) In case of an emergency or we absolutely need to contact you, do you have an emergency person or agency that we can contact in order to reach you? | YES | NO |
| Name: _____ | | |
| Address: _____ | | |
| Residents: _____ | | |
| Do you have housing? | YES | NO |
| Can you provide a reliable phone or cell phone number you may be reached at upon your release? | _____ | |
| 3) Do you have clothing upon release? | YES | NO |
| 4) Do you have transportation upon release? | YES | NO |
| 5) Do you have the means to obtain food upon release? | YES | NO |
| 6) Are you a Veteran? | YES | NO |
| a. If yes, branch? _____ | | |
| b. If yes, do you have access to your DD214? | | |
| 7) Do you have the following documents? | YES | NO |
| a. Drivers license/State issued ID? | | |
| b. Social Security Card? | | |
| c. Certified copy of Birth Certificate? State of Birth: _____ | | |
| d. Certificate of Indian Blood? What tribe: _____ | | |
| 8) Have you ever been diagnosed with mental illness? | YES | NO |
| 9) Do you currently or in the past have had a dependency with either alcohol or drugs? | YES | NO |
| 10) Do you have a high school diploma or GED? | YES | NO |
| If no, what is your highest level of <i>completed</i> education? _____ | | |
| 11) Do you have a physical disability? | YES | NO |
| _____ | | |
| 12) Do you currently have employment you will return to upon your release? | YES | NO |
| 13) Are you currently employed through the work release program? | YES | NO |
| If yes, where and what is your work schedule (include days & times)? | | |
| _____ | | |
| 14) Are you currently participating in the Inmate Work Program? | YES | NO |
| 15) If yes, what are your duties and what is your work schedule (include days & times)? | _____ | |
| _____ | | |
| 16) Do you have a positive, supportive person in your life? | YES | NO |
| Who? _____ | | |

17) What programs have you participated in while in custody?

- | | | |
|--|---|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Religion | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

18) What additional programs would you like to participate in while in custody?

- | | | |
|---|---|--|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Community Service Avenue | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Religion | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

PERSONAL GOALS

This section will help identify your own personal goals and resources that will assist as we develop and improve your reentry plan. Your responses to this section may change as you proceed, so feel free to make any changes you see fit as we continue the process.

As you complete this section, use a Best Case scenario to answer the questions, as this will allow us to truly see all the goals you desire to achieve.

Enrollment and following through with the Reentry Program may affect the Court’s decisions.

What do you want and expect to get out of participation with the Reentry Program?

*What resources and people do you have available to help you be successful? What do you **need** (list any resources or agencies available inside and outside jail, self changes, etc) to make success reentry happen?*

What are your immediate goals while you are still in jail? What are your immediate goals for reentering society? What are your immediate goals for improving your current situation?

Use the following questions as a method to show us what steps you have taken at various time intervals after you are released. Also indicate what resources and people helped you along the way.

Where do you see yourself 3 days after release? What do you need to make that plan happen?

Where do you see yourself 1 week after release? What do you need to make that plan happen?

Where do you see yourself 1 month after release? What do you need to make that plan happen?

Where do you see yourself 3 months after release? What do you need to make that plan happen?

Where do you see yourself 6 months after release? What do you need to make that plan happen?

Where do you see yourself 1 year after release? What do you need to make that happen?

Additional information you would like to share:

SELF REFLECTION

This section will assist to determine how you truly see and feel yourself right now and your feelings on how other people see you.

When you look at yourself, how do you feel about yourself?

How do you want your close friends/family to describe you?

When a person on the street looks at you, how do you want them to describe you?

Is there any part of your life you want to change or do differently?

Is there anything you would like to change about yourself or your situation?

What and why do you want to change about yourself?

CONTRACT WITH SELF FOR PERSONAL IMPROVEMENT

Like any other contract that binds you until the completion, this contract binds you to those goals that will see you succeed upon reentry into the community. While other people and agencies can provide you the tools to succeed: Only you hold the power to truly change yourself.

In order for me to fulfill my goals, I promise myself that I will work specifically on:

Goal #1: _____	Time Frame: _____
Goal #2: _____	Time Frame: _____
Goal #3: _____	Time Frame: _____
Goal #4: _____	Time Frame: _____
Goal #5: _____	Time Frame: _____

I will access personal and professional resources available to me in order to reach my goals such as:

I will share my goals to the following individuals in my life:

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

Space provided for extra thoughts:

Occupational Skills and Education

This section will allow us to identify possible occupational resources by reviewing what skills you already possess and what resources can be utilized to enhance them.

Do you have a profession, trade, license, or skill (i.e. carpenter, Nurses Aid, CDL)? YES NO

If yes, explain: _____

What type of job skills do you have (i.e. automotive maintenance, managerial/leadership skills, punctuality, physical endurance, mathematics, etc)

What type of job interests you most? _____

What educational goals do you have? _____

Think about a job or class you had/took in the past, what did you like most about it? _____

Educational and Employment History

Briefly describe your work history starting with the most recent employer:

<i>Employer Name and Address</i>	<i>Position</i>	<i>Length of Employment</i>	<i>Monthly gross income</i>	<i>Why Separated</i>
☐ More space needed				

Prior to arriving in jail, what was your major source of this income? _____

or choose from categories below:

- a. wages/salary b. retirement/pension c. unemployment
- d. public assistance e. disability f. illegal
- g. other: _____

Highest grade completed? _____

What educational certificates do you have (i.e. GED, Diploma, etc...) _____

Do you have difficulty reading and/or writing? YES NO

Social Resources

This section will allow us to see what resources you used in the past and what resources you may wish to learn more about. Also use the section to state whether a previous resource helped or hindered you.

What social service benefits have you received or agencies you have been involved with? Example: SRS, VA, Bert Nash, Social Security, etc.

<i>Agency</i>	<i>Contact Person</i>	<i>Phone Number</i>

*Which of these resource(s) do **you feel** helped you the most? What part of the resources did you enjoy the most?*

*Which of these resources(s) do **you feel** failed to meet your needs? Why?*

Are you/have you ever served in any branch of the military? YES NO

If yes, Branch and PMOS: _____

Type of Separation: _____

Ever involved in combat? YES NO If yes, please list dates and location: _____

Do or have you utilize any VA services? YES NO

Which services? _____

If no, would you be interested in learning about services you may be eligible for? YES NO

Family and Social Relationship

This section will allow us to see how you value family and social relationships by having you describe these relationships. When thinking about family, do not limit yourself to those blood relatives. Families comprise of all those individuals we hold close to us that provide assistance to us during life.

What type of support system(s) do you have (family, friends, pastor, etc.)? List any person that willingly helps you or that you feel close to.

What hobbies, group, and recreational activities do you enjoy?

Have you experienced any major life changes (loss of love one, job change, etc)? YES NO
 If yes, please explain:

Do you have children? YES NO If yes, how many children do you have? _____
 How many live with your or are in your custody? _____

<i>Name</i>	<i>Age</i>	<i>School</i>

Do you owe any child support? YES NO
 Are any of your children involved with SRS, Juvenile Probation or Juvenile court? YES NO
 If yes, Explain: _____

OPTIONAL: Do you have a religious preference? _____
 Are you currently attending religious services while in custody? YES NO
 If not, would you be interested in attending services while in custody? YES NO
 Are you a regular parishioner at a religious institution? YES NO
 If yes, where? _____

Is there currently or has there ever been a protection/restraining order against you in reference to any family member/significant other? YES NO

If yes, please explain: _____

Do you live with anyone who uses drugs and/or alcohol? YES NO

If yes, what is their relationship to you: _____

Have you ever had a partner who abused drugs and/or alcohol? YES NO

If yes, please describe: _____

Have you been physically, emotionally or sexually abused? YES NO

If yes, have you any counseling? YES NO

Residential History

These questions are those commonly asked by the housing authority and shelters. For those that require housing upon release, this will allow us to engage with the proper social agencies.

Have you used and public housing or community shelters within the past year? YES NO
 If yes, please list the names, dates, and reasons for leaving:

<i>Name</i>	<i>Date</i>	<i>Reason for leaving</i>

How many address changes have you had within the last year? _____

Have you ever rented a house or apartment under a lease (under your name)? YES NO
 If yes, were you ever late paying monthly rent? YES NO
 If yes, how many times? _____

Did you or any of your guests ever cause any damage to your rental? YES NO

Did a landlord ever give you an eviction notice? YES NO
 If yes, what was the reason? _____

Have you experienced any periods of homelessness? YES NO
 Explain: _____

Medical Information

This section will allow us to see possible resources you may be learning more about or utilizing upon your release to ensure your medical needs are met.

Do you have medical benefits (health insurance through employer, Medicare/Medicaid, Healthwave, VA, etc)?
 YES NO

List any current health problems/disabilities/ limitations: _____

Are you currently or have you ever taken prescription/over the counter health medications? YES NO

<i>Medications Name</i>	<i>Reason Prescribed</i>	<i>Dosage</i>

Women: Are you pregnant? YES NO
 If yes, when is your due date? _____ Are you receiving prenatal care? YES NO

How have you been treated for psychological or emotional conditions? YES NO
 If yes, how many times? _____ Inpatient Outpatient
 If yes, who and when were you treated? Did you find it helpful?

Have you ever received a pension for a psychiatric disability? YES NO

Are you currently taking or have you ever taken prescription/over the counter medication for psychological/emotional conditions? YES NO

<i>Medication Name</i>	<i>Reason Prescribed</i>	<i>Dosage</i>

Alcohol and Drug Use

This section will allow us to see your history with Alcohol and Drug use. This section will not be used to create any new or additional charges, as its purpose is to determine if any form of intervention may be useful. For alcohol, nicotine, and prescription medications, include their usage even if usage occurred in socially acceptable manners.

<i>Drug</i>	<i>Age you 1st used</i>	<i>Date you last used</i>	<i>Route of Use</i>	<i>Amount</i>	<i>Frequency</i>
Alcohol (wine coolers, hard ciders, beer)					
Nicotine (cigarettes, dip, pipe, etc)					
Prescription Medications					
Over the Counter and herbal remedies					
Cocaine, Crack (snort, smoke, inject)					
Marijuana					
Stimulants (Speed, uppers)					
Opiates (Heroin, dilaudid, codeine, etc)					
Barbiturates (Sedatives, downers, Secanol, Tuinol)					
Tranquilizers (Xanax, Valium, etc.)					
Inhalants(nitrous oxide, gas)					
Hallucinogens (LSD, PCP, ecstasy)					
Methadone					
Methamphetamine					
Other (Anabolic steroids, Rave Drugs)					
Other: _____					

Have you ever or do you currently participate in recovery support groups, including AA/NA? YES NO

If yes, how often? _____

What programs did you attend? _____

If yes, do you have a sponsor? YES NO

Who is your sponsor? _____

Have you ever participated in other treatment periods (outpatient, inpatient, detox, etc)?

If yes, where and when? _____

For recreation, do you participate in gambling events?

YES NO

If yes, how often (daily, weekly, etc)? _____

Where did you normally play (garage, porch, casino)? _____

Criminal History

This section will not be used in any court proceedings or other legal matters. This section will only act as a tool for us to see your history with the intent of identifying commonalities for the reasons you committed the offense.

Describe past arrests and disposition:

<i>Offense</i>	<i>Date</i>	<i>Disposition/Conviction</i>

Do you have a probation/parole officer? YES NO

If yes, where: _____ Name: _____

If yes, what are the conditions of your probation/parole?

Do you owe restitution to a victim for any current or past case? YES NO

If yes, what court? _____

Do you have an automobile for use? YES NO

Do you have a valid driver's license? YES NO

If no, when will it be reinstated? _____

Do you have fines that need to be paid? YES NO

If yes, how much are they? _____

Other Information

Please provide any other information you feel will assist us in creating your successful reentry plan.
