## Re-Entry & Family Services

# REferral FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | Today’s Date: | | | | | | | | | | | | | | | | | | | | | |
| client INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | | | | | | | | | | First: | | | Middle: | | | | | | ❑ Mr.  ❑ Mrs. | | | | ❑ Miss  ❑ Ms. | | | | | | | | Marital status (circle one) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Single ❑ Married ❑ Divorced ❑  Separated ❑ Widow ❑ | | | | | | | | | | |
| Is this your legal name? | | | | | If not, what is your legal name? | | | | | | | | | | | | | | | | | (Former name): | | | | | | | | | | | | Birth date: | | | | | | | | Age: | | | Sex: | | | |
| ❑ Yes | | ❑ No | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | / / | | | | | | | |  | | | ❑ M | | ❑ F | |
| Street address: | | | | | | | | | | | | | | | | | | | | Social Security no.: | | | | | | | | | | | | | | | | | | Home phone no.: | | | | | | | | | | |
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| P.O. box: | | | | | | | | | City: | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | ZIP Code: | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| Last Place Incarcerated: | | | | | | | | | Most Recent Charges: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervision Level & Release Date | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Referred to OAR by (please check one box): | | | | | | | | | | | | | | | | | | | | ❑ Dr. |  | | | | | | | | | | | | | | | | | | ❑ Website | | | | | | | ❑ Self | | |
| ❑ Family | | | ❑ Friend | | | ❑ Probation/Parole | | | | | | | | | | | | ❑ RE-Entry Council | | | | | | | | | | ❑ Other (Specify) | | | | | | |  | | | | | | | | | | | | | |
| Other: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| client history | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Referral should not have any blank fields. Please put N/A when necessary.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pending Court Hearings: | | | | | | | Probation Start & End Date: | | | | | | | | | | | | Release Plan Address (if different): | | | | | | | | | | | | | | | | | | Jail/Prison Security Level: | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Supervision/Institutional Adjustment: | | | | | | | ❑Positive | | | | | | ❑Negative | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| OST Risk Level: | | | | Most Risk Level: | | | | | | | | Compass Risk & Needs: | | | | | | | | | | | | | | | | | | | | | | | | | Jail Related Disciplinary Actions: | | | | | | | | | | | |
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| Please select if you have a history or need any of the following: | | | | | | | | ❑ Gang Involvement | | | | | | | | ❑ Housing Needs | | | | | | | ❑ Child support case | | | | | | | | | | | | | ❑ Substance Abuse | | | | | | | | ❑ Clothing | | | | |
|  | | | | | | | | ❑ Mental Health | | | | | | | | | ❑ Employment | | | | | ❑ Identification | | | | | | | | | | | | | | ❑ Other | | | | |  | | | | | | | |
| Name/Title of referral source: | | | | | | | | | | | | | | Referring Agency: | | | | | | | | | | | | | | | | | | Work Phone: | | | | | | | | | | | Cell Phone: | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
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| To Be completed by staff only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The client does ❑ does not ❑ meet the criterion for OAR  Re-Entry Services. | | | | | | | | | | | | | | | | | | | | Denial Reason: | | | | | | | | | | | Waitlist: | | | | | | | | | | | Work phone no.: | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | ( ) | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Reviewer signature | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date | | | | | | | | | | | | | | |  |