

community success initiative

HELPING INDIVIDUALS & COMMUNITIES MOVE FROM WHERE THEY ARE TO WHERE THEY WANT TO BE

Application and needs assessment form

Date: ____ / ____ / ____

NAME: _____ / _____ / _____ Date of Birth: ____ / ____ / ____
Last First MI

ADDRESS: _____ City: _____ State: _____

PHONE: _____
Home Cell

EMAIL: _____

POSITION DESIRED: _____

WORK EXPERIENCE: (use the back if you need more space)

Employer _____ From _____ to _____

Employer _____ From _____ to _____

Employer _____ From _____ to _____

SPECIAL SKILLS: _____

REASON INCARCERATED: _____

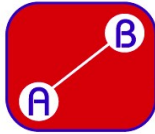
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www.communitysuccess.org

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Raleigh, NC 27661 F (919)834-7706

inquiry@communitysuccess.org



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LENGTH OF INCARCERATION: _____ — _____ RELEASE DATE: ____ / ____ / ____

REFERENCES:

Name _____ — _____ Phone # _____

Name _____ — _____ Phone # _____

Name _____ — _____ Phone # _____

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Needs Assessment

Potential Barriers

As you begin the re-entry planning process, you first need to take inventory of issues you may face when returning to the community. All of the areas listed below can interfere with your success in establishing a stable life. Use the checklist to help determine which areas may be a problem for you. When you have completed this exercise, look at the areas and start developing a plan to address them. This will help you decide what you need to do now to assist in your transition.

ISSUES TO FACE UPON RELEASE	This is a possible problem for me	I can take care of this	I need help with this
Chemical Abuse			
Lack of Money			
Transportation			
Day Care			
Family Problems			
Housing			
Clothing			
Medical			
Telephone			
Job Skills			
Education			

*** Be aware that any of these areas may interfere with a successful plan. Don't ignore them. Life planning takes patience and commitment.

Getting Organized

Create a list of items that you will need to make your transition a successful one.

Item	Yes	No
Social Security Card		
Birth Certificate		
Driver's License / Insurance		
Credit Report		
State Identification Card		
Resume		
Housing		
Medical Care		
Support Groups		
Child Support Issues		
Clothing		
Transportation		
Food		
Education		
Veteran's Assistance		
Employment		
Legal Assistance		
Telephone		
Other		

Client Data Sheet

Name _____
Last Name First Name Initial

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

S.S. # _____

Highest grade of school completed? _____

Degree _____ Major _____

Last School Attended _____

Drivers License? Y N Transportation? Y N

Have you served on active duty in the U.S. Military? Y N

What branch? _____ Pay grade? _____

Active Duty start date? ____ / ____ / ____ Discharge Date ____ / ____ / ____

Date of birth ____ / ____ / ____ Sex _____ Race _____

U.S. Citizen? Y N INS# _____

LAST OR CURRENT EMPLOYER INFORMATION

Employer Name _____

Job Title / Description _____

Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Reason for separation? _____

Which CSI programs are you interested in?? _____