The Wichita and Affiliated Tribes Reintegration Program

Application

Date:

IMPORTANCE NOTICE PLEASE READ IN FULL AND ACKNOWLEDGE PROGRAM STATEMENT:

I understand that a complete and honest reporting within this form is required for evaluation into the Wichita and Affiliated Tribes Reintegration Program. I also understand I must pass a drug test and be agreeable to meet the conditions and requirements of my personal Reintegration Service Plan. Failure to be honest concerning charges, failing initial drug test, or refusing the conditions of my Reintegration Service Plan can result in denial or the delay of participation in the program. Please check the box in order to indicate you understand and agree with the above program requirements.

I understand passing a drug test is a program requirement.	◯ Yes ◯ No	I understand full and honest reporting of my charges is a program requirement.	◯ Yes ◯ No
I understand engagement and completion of my Reintegration Service Plan is a program requirement.	◯ Yes ◯ No	I understand completion of this form does not guarantee acceptance into the program.	◯ Yes ◯ No

I understand and consent to The Wichita and Affiliated Tribes Reintegration Program obtaining any and all information if I am under any form of community supervision.

I understand and consent to the Wichita and Affiliated Tribes Reintegration Program obtaining this information.	◯ Yes ◯ No

DEMOGRAPHICS

Name:

◯ Male
◯ Female

DOB:

Age:

SSN:

Tribal Membership:

◯ Yes
◯ No

Current Mailing Address:

Contact Phone Number:

Alternative:

INSTITUTIONAL INFORMATION

DOC #

Facility:

County:

CRF #

Offense(s):

☐ Drug Related Crimes
☐ Theft/Fraud
☐ Violent Crimes
☐ Sex Related Crimes

Please Explain:

Conviction Date:

Sentence Length:

Release Date:

Type of Release Expected:

Parole Date:

Case Manager:

Prior Convictions:

Court Costs:

Fines:

Stipulations Upon Release:

Score on last 2 evaluations?

Any misconducts? ◯ Yes ◯ No

If yes, please explain:

NEEDS UPON RELEASE

Will you need assistance obtaining food? ◯ Yes ◯ No

Do you have employment upon release? ◯ Yes ◯ No

If so, what is it?

Do you have tools specific to your trade? ◯ Yes ◯ No

What tools would be required?

Do you have transportation home upon release? ◯ Yes ◯ No

Do you have a driver's license? ◯ Yes ◯ No

Do you have to attend DUI school upon release? ◯ Yes ◯ No

Do you have any form of picture ID? ◯ Yes ◯ No

Do you have your social security card? ◯ Yes ◯ No

Do you have your birth certificate? ◯ Yes ◯ No

Do you have your membership card? ◯ Yes ◯ No

Do you have your CDIB card? ◯ Yes ◯ No

Do you attend 12 step meetings? ◯ Yes ◯ No

How often?

Do you have a problem with required meetings? ◯ Yes ◯ No

MEDICAL/MENTAL HEALTH

Do you have any type of disabilities that would impair employment? (I.E. Diabetes, Hypertension, Heat Attack, Stroke, Documented Mental Health, Documented Substance Abuse, Decreased Mobility, Physical Limitations, etc.) Please Explain.

When and where was your last physical examination?

What were the results of your last exam?

Do you require medical assistance or medication?
◯ Yes
◯ No

If so, then what?

Do you currently use or have any previous addictions to alcohol, drugs, or tobacco?
◯ Yes
◯ No

If so, then what? Drink or drug of choice:

Were you under the influence of alcohol or drugs at the time of your offense?
◯ Yes
◯ No

How long have you been using alcohol or drugs?

Are you interested in receiving HIV/AIDS education?
◯ Yes
◯ No

Are you interested in receiving HIV testing?
◯ Yes
◯ No

Additional medical/ mental health information:

EMPLOYMENT/EDUCATION

What is your previous work experience? How long and date?

Do you have a high school diploma or GED?
- ◯ Yes
- ◯ No

If not, are you willing to attend GED classes?
- ◯ Yes
- ◯ No

Do you have any certifications, degrees, or diplomas?
- ◯ Yes
- ◯ No

Can you provide copies of certifications, degrees, or diplomas?
- ◯ Yes
- ◯ No

Are you interested in vocational training?
- ◯ Yes
- ◯ No

What are your areas of interest?

Have you ever attended college or vo-tech?
- ◯ Yes
- ◯ No

If yes, when, where, and what was your major?

Have you completed any career tech?
- ◯ Yes
- ◯ No

If yes, please describe.

Please check the types of financial assistance you received while attending educational training:
- ☐ Pell Grants
- ☐ Scholarships
- ☐ Vocational Rehabilitation
- ☐ Tribal Tuition Assistance
- ☐ Student Loans
- ☐ Other

If you received student loans, what is the status of those loans?

What program have you completed while incarcerated? (I.E.Substance Abuse, Life Skills, Thinking for A Change, etc.)

Are you willing to relocate for employment or educational training?
- ◯ Yes
- ◯ No

Any additional employment/educational information:

PERSONAL

Martial Status: ◯ Married ◯ Divorced ◯ Single

Children ◯ Yes ◯ No

If yes, will they be living with you? ◯ Yes ◯ No

Please list all children and their ages:

Do you owe back child support? ◯ Yes ◯ No

Is it court ordered? ◯ Yes ◯ No

If so, how much?

Do you currently have an open case with ICW? ◯ Yes ◯ No

If so, who is your case worker?

ADDITIONAL INFORMATION

Are you a veteran? ◯ Yes ◯ No

If so, what Branch and type of discharge?

Do you have a specific religious affiliation?

How did you hear about the Wichita and Affiliated Tribes Reintegration Program?

Do you have any questions or comments at this time?

The Wichita and Affiliated Tribes Reintegration Program

Authorization for Release/Request of Information

Name:

DOB: SSN:

Address:

Phone: Alternative:

In connection with the services being provided to me by the Wichita and Affiliated Tribes Reintegration Program, I authorize the Wichita and Affiliated Tribes Reintegration Program to release confidential information to agencies or others who have adopted regulations for confidentiality. All information related to my legal, incarceration, medical, psychological, employment background files will be kept confidential and will only be used to devise a Reintegration Service Plan or intervention specifically for my needs. I understand my participation in this program is voluntary and agree to provide this information at my own discretion. I further understand and consent to the Wichita and Affiliated Tribes Reintegration Program obtaining any and all information if I am under any form of community supervision. Failure on my behalf to provide this information may prevent, halt, or slow the Reintegration Program from providing services in a timely manner.

I also give my permission to the Wichita and Affiliated Tribes Reintegration Program to provide transportation as needed. Furthermore, I do release and forever discharge the Reintegration Program/The Wichita and Affiliated Tribes from any and all claims or causes of action, which may occur because of a motor vehicle accident. I understand and agree my signature on this release discharges any and all liability between me the Program Participant and the Reintegration Program/The Wichita and Affiliated Tribes.

____ Release of Information: _____

____ Request for Information:_____

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

The Wichita and Affiliated Tribes

Reintegration Program

Keys to Successful Reintegration/Code of Conduct

1. ____Program participants are expected to be responsible and accountable for their actions.

2. ____Program participants are expected to actively engage in their Reintegration Service Plan, which may include but not limited to the following: substance abuse counseling, mental health counseling, educational classes, life skill classes, career/job training, and job searches.

3. ____Program participants are expected to be respectful by treating others the way one would want to be treated.

4. ____Program participants are expected to be honest as well as act and speak in an appropriate manner.

5. ____Program participants are expected to maintain a drug free lifestyle.

6. ____Any program participant who engages in criminal behaviors will be discharged.

7. ____Any program participant who uses any of the Reintegration Services in a way in which it was not intended for criminal or unethical outcomes, will be discharged.

8. ____Program participants are expected to attend scheduled appointments early or on time whether by phone or in person.

By signing this document I am stating I have read or had this document read to me and agree to the terms and conditions.

_____

Signature Print Name Date

The Wichita and Affiliated Tribes
Reintegration Program
131 W Broadway, Anadarko, Oklahoma
73005
405-247-2425 Ext. 183

Consent for Drug/Alcohol Testing

If you apply for assistance from the Wichita and Affiliated Tribes Reintegration Program, you will be required to take a urine test for Drug/Alcohol use as a condition of program participation and eligibility for assistance. This test will be given on a monthly and random basis for the duration of your participation in the Wichita Reintegration Program. The purpose of the Drug Test is to ensure compliance with the Wichita Reintegration Program standards and to successfully reenter into society drug and alcohol free. *I have been fully informed by the Wichita Reintegration Program for the reason for this urine test for drug/alcohol. I understand what I am being tested for and freely give my consent. I also understand no assistance will be given until a negative urine test is obtained and documented into my case file. I authorize these test results to be released to the Wichita and Affiliated Tribes Reintegration Program.*

SIGNATURE _____ DATE _____

Do you use any drug considered illegal by the Federal Government, which includes medical marijuana? Yes ☐ No ☐ If yes, please provide a copy of your Medical Marijuana Card.

*Please note: If you test positive for any substance or alcohol, you will be ineligible for services for a term of 30 days and will be required to complete at least 8 support groups offered by the Wichita and Affiliated Tribes and/or treatment if inpatient treatment is deemed appropriate for the amount of client usage. You will be re-tested upon completion of these groups or treatment, and eligibility will be redetermined at that time. If you live out of driving distance, you will be required to provide proof of a negative urine test by a confirmed source in order to be eligible for one-time housing assistance. If you test positive for Marijuana, a copy of your Medical Marijuana card must be obtained and added to your case file, if you have no card, you will be required to complete support groups or treatment prior to services. If card is obtained, you will be deemed eligible for services.

Signature	Date
Staff Signature	Date