

Reintegration Program



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“We are dedicated to enriching the lives of our Citizens thru a modern yet, traditional wraparound process of offender Re-entry service: to promote positive and productive citizens transitioning into our communities.”



INTAKE

We appreciate your time and effort, in becoming a positive and productive Citizen.

***Intake must be completed in full.** Unanswered questions may cause the intake to be sent back to you*
MVTO!

Date: _____

Name: _____ Race: _____

Tribe: _____ Enrolled? _____

AGE: _____ DOB: _____ SSN: _____ Male Female

Current Mailing Address: _____

Contact Phone Number: _____

HAVE YOU PREVIOUSLY RECEIVED REINTEGRATION SERVICES? YES NO

IF YES, WHEN? _____ NAME OF RIP CASE WORKER _____

INSTITUTIONAL INFORMATION

DOC# _____ Facility/Correctional Center: _____

Conviction: _____ County of Conviction: _____

Sentence: _____

Release Date: _____ Type of release: _____

Next Parole Hearing Date: _____

Current Case Manager: _____

Length of Incarceration: _____

Juvenile Record: Yes No Probation/ Parole: Yes No

Probation Officer _____ Address: _____

Phone # _____

How many times do you have to contact you probation officer? _____

Probation Fees: amount _____ paid to date? Yes No

Please tell us about your conviction: explain in **DETAIL** what led to your most recent incarceration

NEEDS

Shirt size _____ Pant size _____ Shoe Size _____

Do you need tools to work in your field of trade? Yes No

If so, what tools do you need?

Do you need work boots? Yes No Steel toe? Yes No Size _____ Gloves/Hardhat Required?

Yes No **(Must provide statement of need from employer on company letterhead)**

Do you have a Drivers License? Yes No If no, what happened to your license:

What is or will be your mode of transportation?

Is your transportation reliable? Yes No

Have you ever used public transportation? Yes No

Have you ever participated in Sweat Lodge or other traditional ceremonies and are you interested in participating? Yes No

Are you willing to accept mentoring, counseling and leadership to get your needs met? Yes No

What type of documentation do you need for identity purposes? **(Check)**

Social Security Card Drivers License CDIB Citizenship Card State ID

Birth Certificate

What other needs do you have, that are not listed? _____

Please check all services you have applied for:

Adult Protective Service

Tanf

Employment and Training

Child Support

Social Service

Commodities

Child Care

Higher Education

Child Support

Legal Services

Tero

Housing

Social Security

Child Care

Children and Family

Please check other reintegration services you have applied for:

Comanche

Potawatomi

Chickasaw

Cherokee

Tulsa One-Entry

Fit back In

Partnership for Successful Reentry

Medical/Mental

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

Explain: _____

When and where was your last physical examination?

What was the result of your last physical examination?

Do you currently require medical assistance or medication? Yes No

If yes what:

Do you use or have previous addictions to Alcohol, Drugs or Tobacco? Yes No

If yes, what: _____

What is your drink or drug of choice?

Do you feel you have an addiction? Yes No

What are your addictions?

Were you under the influence of Alcohol or drugs at time you committed your crime? Yes No

How long have you been using Alcohol or drugs?

Additional medical information you would like for us to know?

Are you physically able to participate in community service?

Employment/Education

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

Do you have any references? They can be either personal or employment. Please try to list three.

Phone # _____

Phone # _____

Phone # _____

Do you have any certifications, diplomas or degrees? Can you provide copies of certificates, diplomas or degrees? Yes No

Are you interested in Voc Training? Yes No what is your area of interest?

Have you ever attended college or vo-tech? Yes No If yes, where, what dates and what was your major? _____

Please check those types of assistance you received while attending educational training:

Pell Grant Tribal Tuition Assistance Scholarships Student Loans

Vocational Rehabilitation

Other assistance:

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

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

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

(Relocation Subject to RiP Staff Recommendations)

Any additional information you would like us to know about your employment and/or education history?

Additional Information

Are you a veteran? _____ If so, what Branch and what type discharge? _____

Do you have a specific religious affiliation?

How did you hear about RiP?

Do you have family; spouse or children? Yes No

If yes, how old are the children?

Are they girls or boys?

Will they be living with you?

Would you be willing to speak to groups about your incarceration experience and making the right choices? Yes No

Are you interested in receiving HIV/AIDS Education? Yes No

Are you interested in receiving HIV testing? Yes No

Do you have any questions or comments at this time?

MVTO!

The choices you have made to become a productive citizen is one to be commended on. The RiP staff looks forward to working with you in achieving your goals



Reintegration Program Authorization & Release of Information

Name	SSN	DOC#	Birth date
Address	City	State	Zip
			Phone Number

My signature to this document constitutes an authorization for release of information for reintegration services. I understand that it is needed in order to affect my reintegration efforts. I authorize the release of confidential information from my case file to agencies or others who have adopted regulations for confidentiality. All information related to my legal, incarceration/medical/psychological files and employment background files will be kept confidential and only be used to devise a reintegration plan or intervention specifically for my needs before/after I am released. I understand that my participation in this program is voluntary and agree to provide this information at my own discretion. I also understand that I give my permission to the Reintegration Program/Muscogee (Creek) Nation to provide transportation as needed. Furthermore, I do release and forever discharge the Reintegration Program/Muscogee (Creek) Nation from any and all claims or causes of action that may occur because of a motor vehicle accident. I understand and agree that my signature on this release discharges any and all liability between me the applicant/guardian/parent and the Reintegration Program/ Muscogee Creek Nation. Failure on my behalf to provide this information may prevent, halt or slow the Reintegration Program/Muscogee (Creek) Nation from providing services in a timely manner.

CLIENT RIGHTS AND REMEDIES

I understand that I may request an informal administrative review or a formal appeal if I do not agree with a decision made by my case manager regarding furnishing a denial of reintegration services. An informal administrative review may be requested by Contacting the Reintegration Program/ Muscogee (Creek) Nation, Program Coordinator verbally or in writing within 30 days of the effective date of the decision. I also understand that I may continue to appeal any grievance beyond the Program Coordinators Decision. I also understand, at my request, if my case is closed it will be re-evaluated in 6 months to reassess program eligibility. I also reserve the right to pursue OTHER claims or causes of action against all OTHERS who are or may be liable in a motor vehicle accident.

Applicant Signature: _____ Date: _____

Parent/Guardian/Witnes: _____ Date: _____

RiP Case Worker: _____ Date: _____



The Reintegration Program Photo Release

I _____, authorize consent that the Muscogee (Creek) Nation Reintegration Program employees may take photographic portraits or pictures, movie pictures, and audiovisual recordings for television. Furthermore, those acting under its permission and on its authority may copyright, use, and publish for advertising, instructional, or any other lawful purpose whatsoever photographic portraits or pictures or television film of me or in which I may be included in whole or in part.

I do hereby waive any right that I may have to inspect or approve the finished product that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge the Muscogee (Creek) Nation Reintegration Program, and all persons acting under its permission or authority from any liability by virtue of the use and publication of the pictures and films.

I relinquish and give to the Program all rights, title, and interest that I may have in the finished pictures, negatives, reproductions, video tapes and copies of the original prints, and video tape negatives and further grant the Reintegration Program the right to give, sell, transfer, and exhibit the video tape or negatives, original prints and films, and copies of facsimiles thereof for any exhibit, televising, or other showing of the portraits, pictures, motion picture film, or television film.

I _____, do not authorize the use of my photo for any reason other than use in my confidential case file.

SIGNATURE

PRINTED OR TYPED NAME

TITLE OR POSITION (AUTHORIZED TO BIND SAID CORPORATION, IF ANY)

DATE