



Intervention & Rehabilitation Subcommittee
2/25/08

This packet contains handouts that were distributed at the Intervention & Rehabilitation Subcommittee meeting on February 25, 2008 and includes the following item:

- Handout re: reducing recidivism, submitted by Cathy Chadeayne (JREC)

More than 10 million people are arrested every year and will either be released back into the community or remain detained at the discretion of a judicial officer (Clark, 2004). This decision can have undesirable consequences for public safety when individuals released commit further acts of violence upon their community. On the other end of the spectrum the decision to continue detention of an individual who does not pose a substantial threat to society has a negative impact on the operations of the correctional facility where they reside in terms of occupancy and further strains already limited resources.

The consequences of detention are not solely of economic significance but are also costly in terms of an individual's quality of life. The "human costs" associated with detention include a variety of consequences like the disruption of the family, loss of employment, humiliation, and subjection to physical harm and illnesses (Marr, 2007).

In an attempt to alleviate the costs associated with detention while at the same time considering public safety two special initiatives, (JREC and DISMAS) have been employed in Jacksonville, Florida, and operate under the umbrella of the Jacksonville Area Discharge Enhancement Group (JADE).

The Jacksonville Sheriff's Office, Department of Corrections has made great strides in concert with its city and community partners to reduce recidivism and positively impact lives in the Jacksonville community. The JADE effort is being realized by the multi-agency collaboration of City of Jacksonville agencies, service providers and advocates that work together to develop strategies to prevent recidivism. In January 2006 JADE identified its mission statement:

To provide and oversee services during and after incarceration that improves the quality of life and reduces recidivism of inmates and contributes to the overall public good in the City of Jacksonville.

Incorporated into this mission is the fundamental belief that all services are hinged on the assumption that addressing housing, addiction and employment issues will help to keep people from coming back to jail and/or being discharged to a homeless shelter.

In October 2007 the Jacksonville Sheriffs Office Department of Corrections assumed the operation of the Jacksonville Re-entry Center. Our mission is to serve as a ONE/STOP all inclusive center for the coordination of services to enable successful transition for all felony inmates violent and non-violent returning from local jails, or state and federal prisons. JADE members (Attachment A) are our program partners and serve as the Advisory Board. By working together we can provide coordinated service management.

Also attached is the flow chart (Attachment B) that depicts the procedures JREC staff and JADE members/partners and clients follow from post-sentencing to pre-release staffing and transitional aftercare planning.

- 1) Assessment and Client Intake
 - A. Consent to Release of Information (Attachment C)
 - B. LSI-(Revised) (Attachment D)
 - C. Services and Referral Checklist (Attachment E)
 - D. Participant Agreement (Attachment F)

- 2) Client provided with requested services
 - A. Transportation, JREC Van or bus tokens
 - B. Clothing from Dignity-U-Wear
 - C. I.D.'S
 - D. Health Care Cards

- 3) JREC staff provides case management to ensure services are provided

The Sheriff's corrections staff recognizes the adage "*what gets measured and gets feedback, gets done*". Therefore, from the beginning we have planned for and included evaluation and outcome measurement components. Since our targeted service population includes *all felony offenders violent and non-violent* we are particularly mindful and interested in the SVORI research. Further, research indicates treatment resources are best utilized when put toward high-risk offenders. As stated in the recent Solicitation for a Cooperative Agreement by the Department of Justice, "Among these 'disconnections is the over use of treatment resources for low risk offenders under the assumption that treatment programs are best employed with the more "deserving" or the "first-time, non-violent offenders". We will use evidence based practices (ebp) to ensure that what we are implementing is effective. Our measures range from successful completion rates; process measure (program referrals aligned with risk and needs, program retention, program fidelity to ebp; intermediate outcomes(changes in clients risk level scores, increases in protective scores that buffer against criminal behavior such as job- finding and retention; overall outcomes- technical violations of probation and re-arrest for new crimes and increased quality of life.

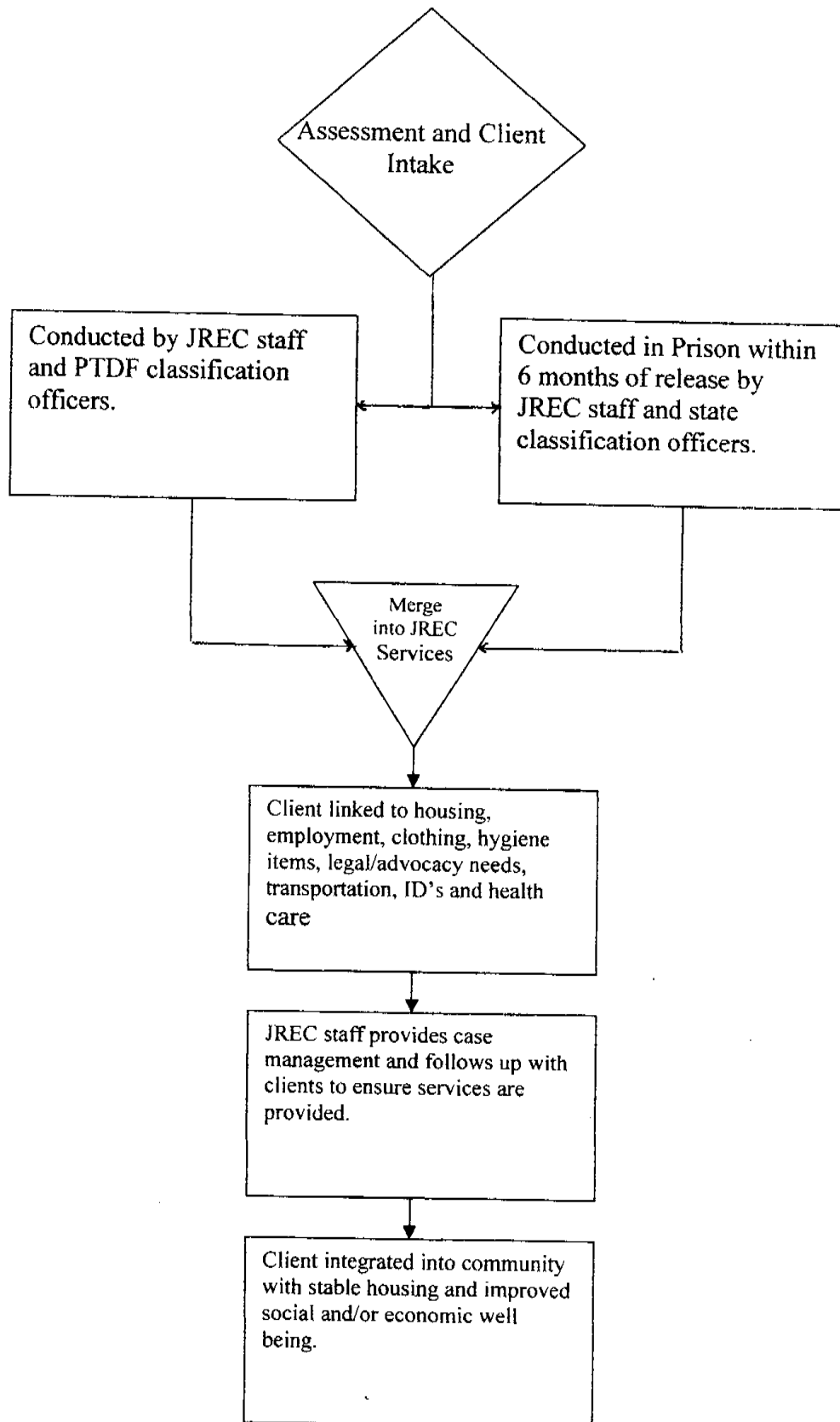
ATTACHMENT A

COMMUNITY PARTNERS

ACLU of Florida
City House Inc
City of Jacksonville Office of Juvenile Justice & Offender Based Programs
City Rescue
Communities in Schools of Jacksonville Eugene Butler Middle
Community In Schools
Community Rehabilitation Center Inc.
Consumer Support Services
Department & Veterans Affairs
DOC Probation & Parole
FDOC, Probation & Parole
Gateway Community Services
Here's Life Inner City
Inside/ Outside Inc.
Institute of Health (DOH), Policy & Research Evaluation
Intrinsic Inc
Jacksonville Area Legal Aid
Legal Aid
Mental Health Court Liaison, Mental Health Center of Jacksonville
Mental Health Resource Center
Northeast Florida Phoenix Houses, Inc & ACT Healthcare & Support Services
Operation New Hope/ Ready 4 Work
Potters House Prison & Jail Ministry
Prisoners of Christ
Quality Life Center
Renaissance Behavioral Health Systems, Mental Health Resource Center
River Region Human Services
Shands Jacksonville
Suited for Success
The City Rescue Mission
The Help Center
The Sulzbacher Center
Thorminc Ministries
Veterans Administration, Jacksonville Sunstance Abuse Treatment Team
Volunteers in Medicine
Worksource

ATTACHMENT B

Jail/Prison Re-entry Procedures



ATTACHMENT C



OFFICE OF THE SHERIFF

CONSOLIDATED CITY OF JACKSONVILLE



501 EAST BAY STREET • JACKSONVILLE, FLORIDA 32202-2975

John H. Rutherford
Sheriff

I, _____, authorize _____
(Name, organization or general designation of program making disclosure)

to disclose to _____
(Name of person(s) or organization(s) to which disclosure is to be made)

Purpose of disclosure authorized herein: Case Management and Planning

The undersigned hereby authorizes the inspection and release of copies of my medical records and other records indicated below by the above-named custodian only to the above-named entity(ies) or persons or their agents.

- A. Release of all medical records except: any information relating to HIV testing, AIDS and AIDS-related syndromes; psychiatric and psychological information; or alcohol and substance abuse treatment information related to my condition, care, and confinement
- B. Release of any records regarding HIV testing, AIDS and AIDS-related syndromes relating to my condition, care, and confinement.
- C. Release of any records of psychiatric and psychological information (mental health records) other than: psychotherapy notes relating to my conditions, care, and confinement.
- D. Release of all dental records relating to my condition, care and confinement .
- E. Release of any records regarding alcohol and substance abuse treatment relating to my condition, care, and confinement. I understand that my records are protected under the federal regulations governing *Confidentiality of Alcohol and Drug Abuse Patient Records*, 42 U.S.C. §290 (e)(2), and cannot be disclosed without my written consent unless otherwise provided for in the regulations. As to release of alcohol/substance abuse treatment records, please state the specific information to be released as provided by 42 U.S.C. §290 (e)(2), Fed rule 42 CFR Part 2.
- F. Release of all personal information, including but not limited to: employment history, criminal history, past residences, educational records, that has been provided by me or others familiar with said personal information to the employees or agents of the Jacksonville Sheriff's Office.

NOTE: IF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES ARE THE SUBJECT OF THE RELEASE, OTHER RECORDS CANNOT BE THE SUBJECT OF THE SAME AUTHORIZATION. RELEASE OF PSYCHOTHERAPY OR SUBSTANCE ABUSE PROGRESS NOTES IN ADDITION TO THE RECORDS SPECIFIED ABOVE WILL REQUIRE A SEPARATE AUTHORIZATION (SEE BELOW).

I understand that I may revoke this consent and authorization at any time, provided the revocation is in



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authorization shall be effective for 90 days unless I specify a different expiration as follows:

(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A, B, C, D and E by **initialing** the appropriate box(es) above.

SIGNATURE OF PATIENT (Guardian or Statutorily Authorized Representative, when required) _____ Date _____

**AUTHORIZATION FOR RELEASE OF PSYCHOTHERAPY OR SUBSTANCE ABUSE
PROGRESS NOTES**

I, _____, authorize _____ (Name, organization or general designation of program making disclosure)

to disclose to _____ (Name of person(s) or organization(s) to which disclosure is to be made)

Purpose of disclosure authorized herein: Case Management and Planning.

The undersigned hereby authorizes the inspection and release of copies of my psychotherapy progress notes and/or my substance abuse progress notes as indicated below by the above-named health care facility/medical record custodian only to the above-named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by **initialing** in the appropriate box(es) below:

- A. Release psychotherapy progress notes (**initial box**):
- B. Release substance abuse progress notes (**initial box**):

Name of information -- dates of treatment/programs, etc., if possible

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows:

(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I (we) do hereby waive all provisions of law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to the records and information denoted in paragraphs A and B **initialing** the appropriate box(es) above.

SIGNATURE OF PATIENT (or Next of Kin, Guardian or Authorized Representative, when required) _____ Date _____

COMPLETE NOTARY PORTION ONLY WHEN REQUEST IS NOT FROM CURRENT INMATE/OFFENDER PERSONALLY KNOWN TO WITNESS OR IS FROM SOURCE EXTERNAL TO DEPARTMENT

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this day of _____, 20____,
by _____ who is personally known to me or who has produced
_____ as identification.

Notary Public Signature
Print, type, or stamp commissioned name of Notary Public
My Commission Expires:

SEAL

ACKNOWLEDGEMENT OF RECEIPT OF COPY OF SIGNED AUTHORIZATION(S)

Inmate/Offender Name _____
DC# _____
R/S _____
Date of Birth _____
SS# _____
Institution/Office _____

Witness _____ Name _____
Witness _____ Signature _____
Date: _____

ATTACHMENT D

The Level of Service Inventory-Revised (LSI-R) is a quantitative survey of attributes of offenders and their situations, relevant to level of supervision and treatment decisions for persons aged 18 and older. The LSI-R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The LSI-R will be by used JREC staff at jails, detention facilities, and correctional halfway houses. It will be used to: 1) to assist in the appropriate allocation of resources 2) make decisions regarding placement into transitional housing, and 3) make appropriate decisions in employment recommendations and 4) health care recommendations. The LSI-R consists of 54 items that are sorted into the following ten substantive areas believed to be related to future criminal behavior: Criminal History (10 items), Education and Employment (10 items), Financial (2 items), Family and Marital (4 items), Accommodations (3 items), Leisure and Recreation (2 items), Companions (5 items), Alcohol and Drugs (9 items), Emotional and Personal (5 items) and Attitude and Orientation (4 items). Several studies have been conducted to test the reliability and validity of this instrument (ie. Austin, Coleman, Peyton & Johnson, 2003; Gendreau, Little & Goggin, 1996) and its use is common in correctional institutions throughout the United States

Interview Guide

Client ID / Name: _____ Date: ____/____/____

Interviewer: _____

The role of interviewing in LSI-R assessments is described in the Manual. Interviewers may choose to develop their own semi-structured interview to elicit the information needed to make the LSI-R ratings. If this interview is used, interviewers should ask each of the numbered questions; however, they may vary the wording of questions as necessary, in order to make them comprehensible or to maintain rapport. Questions in square brackets [] are probes; they are asked only to prompt the individual for more detailed information, or to clarify a point for the individual so that they may provide you with more information.

In general, when evaluating a client's situation, focus upon the present and/or past year. The LSI-R focuses on assessing a client's situation and the factors that require attention in order to minimize the risks for re-offending.

LSI-R Subcomponents

Criminal History

It is often useful for rapport building to begin an interview with the Criminal History subcomponent since most offenders are quite at ease in answering the questions in this section. However, every effort should be made to collaborate the client's responses with a collateral review based on available archives. The questions are quite straightforward and follow those on the record form.

- 1-3. Have you had any prior adult convictions? No Yes How many? _____
- 4. Do you have three or more present offences? Yes No
- 5. Were you ever arrested under the age of 16? Yes No
- 6. Were you ever incarcerated upon conviction as an adult? Yes No
- 7. Have you had any history of escape or attempted escape from a youth or adult correctional facility, including institutional and residential facilities? Yes No
- 8. Were you ever punished for institutional misconduct? For what infraction? Yes No

- 9. Were charges ever laid or your probation or parole suspended during prior community supervision? Yes No

Describe the event: _____

- 10. Do you have an official record of assault or violence? Yes No

Specify: _____

LSI-R: The Level of Service Inventory - Revised

Education/Employment

This subcomponent is also relatively straightforward when interviewing probationers and parolees. However, extra care is needed when administering the LSI-R to inmates who are, strictly speaking, unemployed. When doing an LSI-R with an incarcerated client it is helpful to view his/her incarceration as a type of "leave without pay." If he/she is serving a relatively brief sentence (under two years) consider first, was he/she working before incarceration and if so, will he/she be able to return to this job. If the answer is yes, then assess on items 18, 19 and 20. If the answer is no, then the client is assessed as unemployed. If a client, whether incarcerated or not, is being paid to participate in a training program and there is a work component, then he/she is assessed as employed.

If the respondent is currently in the labour market (i.e., in the community or working in prison setting), ask the following questions:

11. Are you currently unemployed? Yes No

(Note: If item 11 is answered with a "Yes," then items 18, 19 and 20 are each rated as "0.")

12. Are you frequently unemployed? [Have you been employed less than 50% of the last twelve months, or the twelve months prior to incarceration?] Yes No

13. Have you never been employed for a full year? [Have you never been employed in the community for a continuous twelve months?] Yes No

14. Have you ever been fired? Yes No

(Note: Items 15 and 16 refer to achievement in education through a regular academic or technical high school program. Upgrading, equivalency and correspondence programs are not considered as regular high school programs. If, however, the client is presently attending an alternative program of education, do assess his/her reward ratings for school in items 18, 19, and 20.)

15. Have you completed less than regular grade 10? This means that the client has not achieved a grade 10 education during attendance at an academic or technical high school. If this item is answered with a "Yes," then item 16 must also be answered with a "Yes." Yes No

16. Have you completed less than regular grade 12? [Have you not achieved a grade 12 education during attendance at an academic or technical high school?] Yes No

17. Have you ever been suspended or expelled at least once? Yes No

If the respondent is in school or was in school just before incarceration and plans to return to school upon release, then ask the following three questions:

18. How do you do in school? [Do you do your homework? How are your grades?] _____

19. Do you get along well with your fellow students? [Do you eat lunch with them? Do you spend time outside of school with them?]

20. How do you feel about your teachers? [Do you ever talk to your teachers outside of class? Do you ever seek their opinions on personal matters? Do you value their opinions?]

If the respondent is employed or was employed just before incarceration and plans to return to the same employment upon release, then ask the following three questions:

18. How do you do in your job? [Do you like your work? Does your boss compliment you on your work?]

19. Do you get along well with your co-workers? [Do you eat lunch with them? Do you spend time outside of work with them?]

20. How do you feel about your boss? [Do you respect and like your boss? Do you ever seek your boss's opinions on personal matters? Do you willingly follow your boss's orders?]

Financial

21. Problems

a. Source of Income

With reference to the household in which you are now living (or were living at the time of your incarceration), what is the estimated total annual income from all sources? Sources other than income from employment might include Unemployment Insurance, Welfare, etc.

Total Income: _____

Does the household sometimes receive Welfare, or other forms of assistance? Yes No

Are you worried about having sufficient money to pay debts? Yes No

Has your spouse or have your parents complained about you spending too much on non-essentials? Yes No

b. Use of Banking Services

Do you have a bank account (savings or checking)? Yes No

Have one or more personal cheques "bounced" or been returned "NSF"? Yes No

c. Use of Credit

Do you have a credit card? Yes No

Do you have credit with any major department stores? Yes No

Have you been denied credit because of poor credit rating? Yes No

Have you had any phone calls, letters or personal visits from creditors requesting payment of past due accounts? Yes No

d. Financial Management Skills

Do you have a personal budget? Yes No

Do you follow your budget? Or do you have problems following your budget? _____

Are you worried about sufficient income to meet basic needs (housing, food)? Yes No

Has declaration of personal bankruptcy been advised, or suggested, or has it occurred? Yes No

Have your wages been threatened with garnishment? Yes No

22. Are you receiving General Welfare Assistance or Family Benefits Allowance? [Workers' Compensation? Unemployment Insurance? Disability Pension?] *This item may require some collateral review.* Yes No

Family/Marital

23. Are you dissatisfied with your marital or equivalent situation? Yes No

(Note: You may consider the following points in assessing the above reward rating for client's situation.)

- Do you have frequent arguments? Yes No
- Are you sexually dissatisfied? Yes No
- Have you ever experienced infidelity? Yes No
- Was there an unwanted pregnancy? Yes No
- Have you ever argued about child rearing? Yes No
- Has there ever been any conflict concerning in-laws/parents? Yes No
- Do you ever argue about money? Yes No
- Do you argue about your choice of companions or friends? Yes No
- Do you ever argue about leisure time? Yes No
- Do you ever have arguments concerning ex-partners? Yes No
- Do you experience stress over the individual problems of your partner? Yes No
- Do you have difficulty with openness, warmth, or intimacy? Yes No
- Do you have communication problems? Yes No
- Are you or your partner excessively dependent on the other? Yes No
- Have you been contemplating separation or divorce? Yes No
- Are you going through separation or divorce? Yes No
- Are you able to accept your separation or divorce? Yes No
- Have there been problems with child access and custody issues? Yes No
- Are you experiencing any harassment from your ex-partner? Yes No
- Does your partner give you any physical, psychological, and/or sexual abuse? Yes No

24. How is your relationship with your parents? [Do you visit them? Are they helpful with problems you may have? Do you argue with them?]

25. How is your relationship with other relatives? [Grandparents? Siblings? Cousins? In-laws? Aunts? Uncles?]

26. Does anyone in your family, including spouse and close relatives, have a criminal record? Yes No

Accommodation

27. How do you like the place you live? [Do you plan to move? Do you enjoy showing your place to friends?]

28. Have you had three or more address changes in the last year? *Check collateral review.* Yes No

29. What kind of a neighbourhood do you live in? [Do the police visit your neighbourhood often? Are there people in the area who are dealing drugs, doing B & Es, or fencing stolen property?]

Leisure/Recreation

30. What kind of organizations or clubs have you belonged to over the past year (or in the year prior to your incarceration)?
[Do you attend their meetings? Help out with activities?]

31. How do you spend your free time? [What kind of hobbies do you have? What kind of satisfaction do you derive from them?]

Companions

32. Do you have a lot of friends? [Do you enjoy doing things with your friends? Do you prefer to be on your own?]

33. Do you know anyone who is involved in crime? [Do you know anyone who has been in trouble with the law?]

Yes No

34. Are any of your friends involved in crime? [Have any of your friends been in trouble with the law?]

Yes No

35. Do you know anyone who is not involved in crime?

Yes No

36. Are any of your friends not involved in criminal activities at all?

Yes No

Alcohol/Drug Problem

(Note: Excludes nicotine and caffeine.)

(Note: Collateral review required here to see if there is a history.)

37. Have you ever had an alcohol problem? [How much did you drink? How often did you drink?]

Yes No

38. Have you ever had a drug problem? [What kind of drugs have you taken?]

Yes No

Specify Drugs Taken: _____

39. Do you currently have an alcohol problem? [How much do you drink in an average week? Have your drinking habits changed at all over the past year?] Yes No

40. Do you currently have a drug problem? [What kind of drugs are you taking? Have your drug taking habits changed over the last year? Were you taking drugs while you were in prison?] Yes No

Specify drugs currently taken: _____

41. Do you think that your use of drugs/alcohol has or could contribute to any law violations? [Trafficking in drugs to support a habit? B & Es and thefts of property to fence for money for drugs? Parole violations?] Yes No

42. Has your family complained to you about your drinking/drug use? [Have you been kicked out of the house for substance abuse?] Yes No

43. Have you had problems in school or work because of your use of drugs or alcohol? [Have you ever not gone to school or work because you've had a hangover? Were you asked to leave school because of drug use? Did you lose your job because of intoxication?] Yes No

44. Have you had any medical problems due to drug or alcohol use? [Has a doctor told you to cut down on your substance use?] Yes No

45. How often do you use drugs or alcohol? Do you drink till you are unconscious? Have you experienced any financial difficulties because of drug use? Do you ever drink or take drugs to avoid a hangover? Do you drink when you first get up in the morning? Have you been to a Detox Center? Do you ever experience blackouts?

Emotional/Personal

"Interference" refers to an individual's ability to respond to life's stressors, and to the quality of that person's functioning in the real world. Is his/her ability and functioning affected by psychological or psychiatric problems? Assess client's level of adaptive functioning with regard to the past year.

46. Moderate interference

Examples of moderate interference or emotional distress: signs of mild anxiety (insomnia, worrying); signs of mild depression (quiet, underassertive). Consider here also the client whose emotional and cognitive functioning seems stabilized through mental health intervention.

47. Severe interference

This item should be answered "Yes" based on any indicator(s) of client's mental health problems. The intent of the item is to detect active psychosis in a client. The following types of questions are suggested as a means of exploring some indicators of mental health problems:

- | | | |
|--|------------------------------|-----------------------------|
| Do you have any concerns about your emotional stability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been considering psychiatric consultation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been considering voluntary admission to a psychiatric facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you think committal to a psychiatric hospital may be necessary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you think a lot about committing suicide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you bothered by uncontrollable urges or ideas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Interference so severe as to require mental health professional in planning for service to client?* Yes No

Severe emotional and cognitive interference may also be detected by observing the following types of indicators during the interview:

- | | | |
|--|------------------------------|-----------------------------|
| excessive sweating | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| extreme passivity or aggression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| verbal abusiveness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| odd or strange verbalizations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| very slow or very fast speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| rambling conversation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| reports of auditory and/or visual hallucinations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| delusional thinking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

48. Mental health treatment, past

Yes No

49. Mental health treatment, present

Yes No

50. Psychological assessment indicators (see following list)

Yes No

If the client has never been assessed, or if it is unknown whether the client has ever been assessed, but there are indicators of problems with the following, answer "Yes" for this item and note the problems that the client's behaviors indicate, for example:

- intellectual functioning
- academic/vocational potential

- academic/vocational interests
- excessive fears; negative attitudes towards self, depression, tension
- hostility; anger; potential for assaultive behaviour; over-assertion/aggression
- impulse control; self-management skills
- interpersonal confidence; interpersonal skills; under-assertive
- contact with reality; severe withdrawal; over-activity; possibility of delusion/hallucination
- disregard for feelings of others; possibility of reduced ability or inability to experience guilt/shame; may be superficially "charming," but appears to repeatedly disregard rules and feelings of others
- criminal acts that don't make sense, appear irrational
- other (specify) _____

Attitudes/Orientation

This need area is concerned with what and how a person thinks about him/herself, others, and the world. Are his/her attitudes, values and beliefs, and thinking procriminal, antisocial or antiscriminal, prosocial?

51. How do you feel about the crimes you've committed? [Do you think it was wrong? Do you feel sympathy for the victims of your crimes?] (Note expressions that provide excuses for criminal conduct or favorable evaluations of a crime and a criminal lifestyle.)

52. Would you like to lead a life without crime? [Do you believe in obeying the law? Is the law fair? How important is education in life? How important is having a job?]



U.S. P.O. Box 950, North Tonawanda, NY 14120-0950 • Tel. 1.800.456.3003 • Fax 1.888.540.4484
Canada 3770 Victoria Park Ave., Toronto, ON M2H 3M6 • Tel. 1.800.268.6011 • Fax 1.888.540.4484
U.K. 39A Kingfisher Court, Hambridge Road, Newbury, Berkshire RG14 5SJ • Tel. 0845 601 7603 • Fax 0845 601 7604
Tel. +1.416.492.2627 • Fax +1.416.492.3343
Email customer.service@mhs.com • Website www.mhs.com

Additional booklets may be ordered from either of the above addresses.

ATTACHMENT E

JACKSONVILLE RE-ENTRY CENTER (JREC)
 535 N. WASHINGTON STREET JACKSONVILLE, FL 32202
 (904) 588-0164 FAX: (904) 588-0039

SERVICES AND REFERRAL CHECKLIST (LOCAL INCARCERATION)

Name: _____ Date: _____
 Address: _____ Zip Code: _____
 Phone: _____ DOB: _____ SSN*: _____ M / F
 JSO ID: _____ DC # (if applicable): _____
 Ethnicity: Black _____ White _____ Hispanic Origin _____ Asian _____ Other _____
 Are you a veteran?: Yes _____ No _____ Branch: _____
 Dates of Service: _____
 Type of Offense (please specify): _____
 Are you registered as a felony offender? Yes _____ No _____ Date of Registration _____
 Are you a convicted sex offender? Yes _____ No _____
 If so, are you registered? Yes _____ No _____ Date of Registration _____

PLEASE CHECK THE ITEMS THAT APPLY TO YOUR NEEDS:
 (Individual eligibility for services will be determined by Service Providers)

JREC SERVICES	REFERRAL SERVICES
Identification Needs: Florida ID card: _____ Florida Driver's License: _____ Social Security Card: _____ Birth Certificate: _____ Food Assistance: Food Stamp Application: _____ Transportation: Work: _____ Medical/Employment Appointments: _____ AA/NA Information: Meeting Schedule: _____	Housing: _____ Education: _____ ABE/GED Classes: _____ WorkNet: _____ Employment: _____ Clothing for Employment: _____ Please List Your Clothing Sizes: _____ Shirt: _____ Pants: _____ Shoes: _____ Health Care / Medical Treatment: Substance Abuse Treatment: _____ Medication: _____ Mental Health Counseling: _____ Shands Card: _____ Volunteers In Medicine: _____

Please list employability skills (training, certification, etc.): _____

Comments: _____

Referred By: _____

Family Contact Information: _____ Phone: _____

Name: _____

Address: _____

Signature: _____ Date: _____

* The Jacksonville Sheriff's Office has required that you provide us with your social security number (SSN). The Jacksonville Sheriff's Office will use your SSN only for authorized, legitimate law enforcement purposes, such as identification, and may share the information with other agencies for the same purpose. The Jacksonville Sheriff's Office does not release SSN's to the public, and SSN's are exempt from disclosure under Florida public records law. The Jacksonville Sheriff's Office's collection of your SSN is authorized by state law because use of it is imperative for the Jacksonville Sheriff's Office to fulfill its lawful duties and responsibilities.

ATTACHMENT F

Participant Agreement

Participant's Last Name

First Name

MI

As an active participant with Jacksonville Re-Entry Center (JREC), I agree to:

- Actively participate for at least one year
- Submit to and pass random drug testing
- Immediately advise staff of all changes in phone numbers and/or addresses
- Bring in an initial pay stub and one after completing 30 days of employment
- Be on time for any appointments/referrals/training made by JREC staff
- Provide all necessary documentation as required by program policies/guidelines
- Be courteous and respectful to staff, service providers and others at all times
- Dress appropriately for all training, interviews and/or office visits
- Arrange to pay all applicable fines, restitution or support assessments
- Participate in all recommended support services referrals (i.e., Substance Abuse Treatment, Family Services, Anger Management, etc.)

By signing below, I understand that I may place my eligibility in jeopardy if I do not follow the terms of participation. I have thoroughly discussed the terms of participation with the JREC Staff and hereby authorize them to obtain personal information from community service providers on my behalf regardless of whether or not referred by JREC to these service providers.

Participants' Signature

Date

JREC Staff Signature

Date