



NEW LEAF

New Leaf – New Life, Inc.

PO Box 7071
Bloomington, Indiana 47407

Transition Program Intake Form Monroe County Correctional Facility

The Transition Program is a partnership between Work One, New Leaf/New Life, and the Monroe County Correctional Facility that trains volunteers as "Transition Navigators" who will work with inmates during incarceration and after release and assist in their transition back into the community.

This is a voluntary program that does not include counseling.

Our goal is to provide information, referrals, and assistance with practical needs so that inmates will have fewer hurdles and be better prepared to make a successful transition into the community after their release.

Date: _____ Block: _____

Last Name: _____ First Name: _____ MI _____

Home Address: _____

Date of birth: _____ Age: _____

Outside Contact: _____ Phone: _____

Marital Status: _____

Children: _____

Current charges: _____

Court date: _____ Earliest release date: _____ Judge: _____

Highest grade completed (please circle): 9 10 11 12

High School Diploma _____ GED _____ Non-Graduate _____

College _____ Vocational Training _____

Skills: _____

Work experience: _____

Spiritual Resources: _____

What programs are you currently participating in at MCCF:

GED _____, LET _____, Parenting _____, AA _____, NA _____ Substance Abuse _____

In what areas do you need assistance (check all that apply):

Employment:

- Career planning_____
- Job placement_____
- Training_____
- Unemployment_____
- Resume_____
- Transportation_____
- Vocational rehabilitation_____

Education:

- Advising_____
- Financial aid_____
- Application_____

Housing:

- Securing shelter_____ or housing_____
- Rent assistance_____ Section 8_____
- Energy assistance_____

Healthcare:

- Existing medical condition_____ Describe_____
- CHAPS_____
- Medication_____
- Mental health counseling_____
- Substance abuse counseling_____

Public assistance:

- Medicaid_____
- SSDI_____
- TANF_____
- Food stamps_____
- SSI_____

Identification:

- Birth certificate_____
- State ID or Drivers license_____
- SS card_____

Legal issues:

- Child support_____
- Debts_____
- Other_____

Other Immediate needs:

- Clothing_____
- Family support_____
- Food_____
- Childcare_____

Faith community: _____

We will try to help you attain any assistance you may need!

Please describe what services you would like help with.

Signature: _____ Date: _____

