

**Re-Entry Resource Directory Application**

**The Florida Department of Corrections welcomes any assistance in providing reentry services to formerly incarcerated Florida residents. We appreciate your organization’s efforts to provide services to empower and equip formerly incarcerated Florida residents to successfully navigate their reentry into the community.**

**Please complete and fill in the required information below for your organization. After completing the required information, submit the completed application, and/or any questions and concerns you may have to:** **DC-ResourceDirectory@mail.dc.state.fl.us** **or via fax (850) 922-0847.**

**(THIS IS NOT AN INMATE RE-ENTRY PROGRAMS REGISTRATION APPLICATION, please refer to the weblink** [**http://www.dc.state.fl.us/resourcedirectory/Search.aspx**](http://www.dc.state.fl.us/resourcedirectory/Search.aspx) **and Click on the Resource Inmate Re-Entry Programs Registration Application link.).**

**Name of Organization:**

**Contact Name(s)/Job Title:**

**Address/Location (City, State and Zip Code):**

**Hours/Days of Services:**

**Phone Number/Fax Number:**

**Email Address:**

**Web Address:**

**What counties do you serve?**

**Do you have a current contract with FDC?**

**Who can receive your services?**

**What paperwork does the client need to bring?**

**What restrictions do you have?**

**What are the fees for your service**?

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| Do you provide any of the following types of financial assistance services? |
|  | Services |  | Referrals |  | Services |  | Referrals |
| Child Care Assistance | [ ]  |  | [ ]  | Legal Aid | [ ]  |  | [ ]  |
| Clothing Assistance  | [ ]  |  | [ ]  | Social Security income | [ ]  |  | [ ]  |
| Debt Management | [ ]  |  | [ ]  | Social Security Disability | [ ]  |  | [ ]  |
| Temporary Cash Assistance | [ ]  |  | [ ]  | Household items | [ ]  |  | [ ]  |
| Financial Management  | [ ]  |  | [ ]  | Transportation | [ ]  |  | [ ]  |
| Food Stamp Assistance | [ ]  |  | [ ]  | Utilities (Assistance) | [ ]  |  | [ ]  |
| Food/Meals | [ ]  |  | [ ]  | Child Support | [ ]  |  | [ ]  |
| Housing Assistance | [ ]  |  | [ ]  | Rent Assistance  | [ ]  |  | [ ]  |
| Do you provide any of the following education/employment assistance? |
|  | Services |  | Referrals |  | Services |  | Referrals |
| Adult Education Classes  | [ ]  |  | [ ]  | Job Fairs | [ ]  |  | [ ]  |
| Basic Skills/Aptitude Test | [ ]  |  | [ ]  | Job Placement/Referrals | [ ]  |  | [ ]  |
| Career Counseling | [ ]  |  | [ ]  | College Preparation Classes | [ ]  |  | [ ]  |
| Career Exploration | [ ]  |  | [ ]  | Resume Guidance/Building | [ ]  |  | [ ]  |
| Day Labor | [ ]  |  | [ ]  | Scholarships | [ ]  |  | [ ]  |
| Educational Training | [ ]  |  | [ ]  | Unemployment Compensation | [ ]  |  | [ ]  |
| GED Preparation/Testing | [ ]  |  | [ ]  | Vocational Rehabilitation/Training | [ ]  |  | [ ]  |
| 1st Step | [ ]  |  | [ ]  | Ready to Work Credentials | [ ]  |  | [ ]  |
| Internet Access | [ ]  |  | [ ]  | Interest Inventories | [ ]  |  | [ ]  |
| Faith Based Counseling | [ ]  |  | [ ]  |  |  |  |  |
| Do you provide any of the following types of health care assistance? |
| Anger Management | [ ]  |  | [ ]  | Marriage Counseling | [ ]  |  | [ ]  |
| Dental Care | [ ]  |  | [ ]  | Medication Management | [ ]  |  | [ ]  |
| Detoxification Center | [ ]  |  | [ ]  | Well Care (Health Department) | [ ]  |  | [ ]  |
| Eye Care | [ ]  |  | [ ]  | Parenting Classes | [ ]  |  | [ ]  |
| Family Service/ Counseling | [ ]  |  | [ ]  | Personal Counseling | [ ]  |  | [ ]  |
| Family Planning | [ ]  |  | [ ]  | Substance Abuse Counseling | [ ]  |  | [ ]  |
| Free Clinic/Screening | [ ]  |  | [ ]  | Veterans Services | [ ]  |  | [ ]  |
| HIV/AIDS Education | [ ]  |  | [ ]  | Aftercare Substance Abuse Services | [ ]  |  | [ ]  |
| Psychological Assessment/Testing  | [ ]  |  | [ ]  |  |  |  |  |
| HIV/AIDS Treatment | [ ]  |  | [ ]  | Sexual Violence Assistance | [ ]  |  | [ ]  |
| Home Healthcare | [ ]  |  | [ ]  | Life Skills | [ ]  |  | [ ]  |
| Immunization | [ ]  |  | [ ]  | Physical/Occupational Therapy | [ ]  |  | [ ]  |
| Counseling for Victim Crime | [ ]  |  | [ ]  | Adult Day Care | [ ]  |  | [ ]  |
| Sex Offender Counseling | [ ]  |  | [ ]  | Health Care | [ ]  |  | [ ]  |
| Speech Therapy | [ ]  |  | [ ]  | Mentoring | [ ]  |  | [ ]  |
| Support Groups | [ ]  |  | [ ]  | Nursing & Rehabilitation | [ ]  |  | [ ]  |
| Domestic Violence Counseling | [ ]  |  | [ ]  | Mental Health Counseling | [ ]  |  | [ ]  |
| Outpatient Substance Use Counseling | [ ]  |  | [ ]  | Nutrition | [ ]  |  | [ ]  |
| Domestic Violence Services | [ ]  |  | [ ]  | Domestic Violence Housing | [ ]  |  | [ ]  |
| Prescription Assistance | [ ]  |  | [ ]  | Mentoring | [ ]  |  | [ ]  |
| Moral Recognition Training (MRT) | [ ]  |  | [ ]  | Residential Substance Abuse Counseling | [ ]  |  | [ ]  |
| Sober Living Houses | [ ]  |  | [ ]  | Thinking for a Change (T4C) | [ ]  |  | [ ]  |
| No referral needed (Spectrum) | [ ]  |  | [ ]  | No referral needed (Transition) | [ ]  |  | [ ]  |

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| Do you provide any of the following types of General Assistance? |  |
|  | Services |  | Referrals |  |
| Housing/Shelter | [ ]  |  | [ ]  |  |
| Transportation | [ ]  |  | [ ]  |  |
| English as a second language | [ ]  |  | [ ]  |  |
| Human Trafficking Housing | [ ]  |  | [ ]  |  |
| Drivers Licenses/ Identification | [ ]  |  | [ ]  |  |
| Referral Services | [ ]  |  | [ ]  |  |
| Bilingual Assistance | [ ]  |  | [ ]  |  |
| Refugee Information (ICE)  | [ ]  |  | [ ]  |  |
| Veteran Services | [ ]  |  | [ ]  |  |
| Disaster/Emergency Shelter | [ ]  |  | [ ]  |  |

**Comments:**