

RRC Re-Entry Barrier Identification Questionnaire

Defendant Name: _____

Probation Officer: _____

Directions: You will begin supervised release in the near future. Your adjustment back into society, in part, depends on your goals and how you handle barriers in your path. The purpose of this questionnaire is to get you thinking to that end and help guide your thought process by writing down goals, barriers and solutions. Please neatly print all answers to the questions. Answer each question by circling either “YES” or “NO” to the right of the question. Most questions have follow-up questions. Please consider each follow-up question carefully and provide an honest answer. Your answers will be important for us to help you assess your barriers and assist you with options and possible solutions. Please sign and date the form at completion.

1. Do you have a valid driver’s license? Yes No

a) If “NO”, why do you not have a valid driver’s license?

b) If “NO”, what do you need to do to get a valid driver’s license?

2. Are you insured to drive? Yes No

a) If “NO”, why are you not insured to drive?

b) If “NO”, what do you need to do to become properly insured?

3. Do you have a car or have access to a car? Yes No
- a) If “NO”, how do you travel from place to place?
- b) If either “YES” or “NO”, do you have problems traveling from place to place on time? Why?
4. Do you feel you will be living in a stable living environment at release? Yes No
- a) If “YES”, do you expect your living arrangement to change?
- b) If “NO”, what is/are the issue(s) that make your living arrangements unstable (consider the people or location or both)?
- c) If “NO”, are you in danger of losing your residence (or staying at the place you are staying at)? Why?
5. Once released, will all your child care needs be met if you are employed full-time? Yes No
- a) If not applicable circle NA
- b) If “NO”, what is the situation?

6. Do you owe child support? Yes No
a) If "YES", do you know the name, address, or phone number of your case agent?

If so, list that information.

7. Do you have another sentence you are now serving with a local, state, or federal agency? Yes No

If so, give the name, address, phone number, and officer's name.

8. Do you have your Social Security card in your possession? Yes No
a) If "NO", what do you need to do to get your Social Security card?

9. Do you have a high school diploma or GED? Yes No
a) If "NO", what do you need to do to get a GED?

b) If "YES" or "NO", what kind of training or skills would you like to have more of to get into your ideal job?

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| 10. | Do you have a resume? | Yes | No |
| | a) If “NO”, are you going to produce one and if not, why? | | |
| | b) If “YES”, provide a copy to your assigned officer. | | |
| 11. | Have you ever interviewed for a job before? | Yes | No |
| 12. | Have you ever held onto a job for more than a year? | Yes | No |
| 13. | Do you feel you know how to effectively search for a job? | Yes | No |
| | a) If “NO”, what difficulties are you having while you look for a job? | | |
| 14. | What is your ideal job? | | |
| | a) If you can’t work at your ideal job, what type of employment will you seek? | | |
| | b) What do you think is hindering your efforts to obtain any of these jobs? | | |
| | c) What is your strategy to pursue your ideal job? | | |

15. Do you have family and/or friends that you can rely on to give you support? Yes No

a) If “YES”, who are they and what do they do to help you? Give names and phone numbers.

b) If “NO”, what do you do to get support/help?

16. Do you have a history of drug addiction? Yes No

a) If “YES”, has your use of drugs ever interfered with your ability to get or keep a job? What happened?

b) If “YES”, what situations tend to trigger drug usage for you?

17. Do you have a history of mental health or physical problems? Yes No

a) If “YES”, has any of your mental health and/or physical problems (disabilities?) interfered with your work, or has made it difficult for you to be around other people? Please explain.

b) If “YES”, have you taken any medication or received any kind of treatment in the past? Do you think you still may need services to help you with these issues? Please explain.

18. List three (3) goals you want to reach while on supervision. For example, to remain drug free.

A)

B)

C)

19. How do you plan to reach the above goals? For example, if one of your goals is to remain drug free, a plan to reach the goal might be to avoid old contacts.

20. What barriers do you see that might make it more difficult for you to reach your goals?

21. What are you going to do to avoid the barriers you listed in number 18 above?

22. Do you have difficulty in controlling your temper or emotions ?

Yes No

a) If yes, what triggers you to loose control of your temper ?

b) If yes, what can you do to control loss of your temper ?

Signature

Date