



Nathan Deal
Governor

“Reentry Begins with You”

2016
Reentry Skills
HANDBOOK

Georgia
Department of Corrections

TABLE OF CONTENTS

Introduction:	Getting Organized
Chapter 1:	Barriers
Chapter 2:	Identification
Chapter 3:	Housing
Chapter 4:	Employment
Chapter 5:	Clothing
Chapter 6:	Transportation
Chapter 7:	Food
Chapter 8:	Money Management
Chapter 9:	Medical/Health
Chapter 10:	Education
Chapter 11:	Selective Service
Chapter 12:	Mental Health Services
Chapter 13:	Alcohol, Drugs, and Recovery
Chapter 14:	Family Reunification
Chapter 15:	Parental Accountability
Chapter 16:	Restoration of Rights
Chapter 17:	Community Supervision

“Reentry Begins when Offenders Enter Our System”

INTRODUCTION

Remember that planning for your release needs to start immediately, not just a week before you are scheduled to leave. Reentry starts on your first day of incarceration and everything you do during your incarceration should be focused on increasing your knowledge and abilities for your pending release. As you begin, you first need to take an inventory of issues you may face when you return to the community.

The areas listed below can interfere with your success in establishing a stable life once you are released. Use the checklist below to help determine which areas may be a current or potential problem for you. When you have completed this exercise, look at these identified areas and start developing a plan to address them. This will help you decide what steps to take in an effort to assist in your transition to life on the outside. Dealing with these issues now, before release, may also help make them less overwhelming.

This book, and the work you do to complete the different areas, is to help you identify what YOUR needs will be for your successful reentry into your community. You are encouraged to use the “Reentry Resource Manual” and other sources as you complete the various exercises and worksheets. Once completed, this handbook will be an important tool, a personal resource even, on your journey toward a successful reentry and reconnection with your community, your family and yourself.

Mission Statement

"The Department of Corrections creates a safer Georgia by effectively managing offenders and providing opportunities for positive change."

Chapter 1 - Getting Organized/Barriers

Use this checklist to assist in planning your **PERSONAL** reentry plan. What do you need to obtain and work on during your incarceration period?

Item	Yes	No
Social Security Card		
Birth Certificate		
Driver's License/ State Identification Card		
Credit Report		
Registration/Status of Information exemption for Selective Service		
Résumé		
Housing		
Medical Care		
Support Groups		
Child Support Issues/Problem Solving Court		
Transportation		
Education/ Certifications		
Veteran's Assistance/DD214		
Employment		
Legal Assistance		
Telephone		
Other		

What are some BARRIERS you will need to overcome as part of your reentry success?

CHAPTER 2 - Identification

Having APPROVED Identification is a critical tool for successful reentry.

Which DOCUMENTS will you have upon your release and/or HOW will you get them?

_____	Birth Certificate (certified)	_____
_____	Social Security Card	_____
_____	DL/State ID	_____
_____	Passport	_____
_____	Military ID	_____
_____	Marriage Certificate	_____
_____	Other _____	_____

To obtain a Driver’s License or State ID you MUST have the following documents:

- Birth Certificate
- Social Security Card
- Dept. of Corrections Residency Verification Form (DS-752)

OR

- TWO (2) FORMS of Proof of Residency such as: Utility Bills (power, water, gas, etc.), personal mail, rental/lease agreement,

CHAPTER 3 - Housing

Where do YOU plan to live when you get released from Prison? Have a Reentry Residence Plan...Then have a Back-up...then have another Back-up residence plan! Whether you are getting out on PAROLE, with PROBATION or being DISCHARGED, the area where you plan to reside will greatly influence where and how you access services you need. Additionally, while you may initially plan to live with a family member and then eventually get your “own place”, chances are you will continue to be in the same general area and use many of the services you will identify as part of this workbook.

If you have no restrictions on where you live, think hard before deciding to move back into your old neighborhood. There may be people and activities there to pull you back into committing crimes. You may need to “Change your Playmates and Change your Playground”!

When looking for housing, keep in mind where it is located relative to your work, what transportation is available, and what stores are in the area.

PRIMARY RESIDENCE PLAN:

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

SECONDARY RESIDENCE PLAN:

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

3rd ALTERNATE RESIDENCE PLAN

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

CHAPTER 4 - Employment

Information in this section will help you when filling out employment applications, putting together a résumé, interviewing, and keeping a job.

JOB OBJECTIVE WORKSHEET

The questions below can help you determine what your resume objective statement should be, what type of employment you are seeking; what you can offer the company; where you want to go with your employment career, etc.

List courses you have taken in school, vocational school and/or college.

Which subjects did you enjoy and do well in?

What qualifications and/or skills do you possess?

List work and/or details you have had while incarcerated:

Based on the information provided above what are some job choices in your area? List possible JOB TYPES available in your area.

Option 1: _____
Option 2: _____
Option 3: _____
Option 4: _____
Option 5: _____

What did your Interest Profiler indicate as your TOP 3 categories?

1. _____
2. _____
3. _____

JOB SEARCH PLAN

To succeed in your job search, you must be organized. You're competing with others and your goal is to present yourself as the best candidate for the job.

Where will you go to find EMPLOYMENT ASSISTANCE?

Friends & Family _____

Local Newspaper: _____

GA Department of Labor: _____

Community Reentry Service _____

Goodwill Resource Ctr, _____

Other Community Resources: _____

EMPLOYMENT/JOB PLACEMENT RECORD – Tracking Log

1. Make a list of who you plan to call (use table below).
2. Find all the phone numbers and write them in the table.
3. Call and get the name of the person in charge of hiring. **Keep calling until you get it.**
4. Call the person in charge of hiring. Are they hiring now? **Keep calling until you find out.**
5. If they are hiring, schedule an appointment with them. **Keep calling until you get one.**
6. Show up on time, do the interview and application, and **agree on next steps before you leave.**
7. Call back and thank them for the interview and opportunity. **Keep calling until you reach them.**
8. Call back and find out if you got the job. **Keep calling until you find out.**

Company & Phone	Name of person hiring, are they hiring now?	Date & time of appointment	Interview and application done?	Thank You Note completed & sent?	Got an answer on the job?

Resume Writing Worksheet

The following worksheet (compiled from multiple online sources) will help you complete the sections of your resume. Think about the following areas and make notes for each section. This will help you develop a professional resume with relevant and necessary content. If a category does not have enough space, please use scrap paper.

HEADING – Personal & Contact Info

You may use an alternative address to indicate where an employer may contact you if you currently reside elsewhere.

Name _____

Address _____

Phone# _____

Email _____

(Make sure your email address is one that you check daily and is appropriately named.)

OBJECTIVE

What type of position are you seeking? Include an objective if you have a clear direction (goal).

EDUCATION

List all schools you have attended. Do not abbreviate.

Grade/High School: _____ City/State _____

Highest Grade Completed: _____

College: _____ City/State: _____

Major/Degree: _____ Years Attended: _____

Vocational/Trade School: _____ City, State _____

Major/Degree: _____ Years Attended: _____

Honors/Awards: _____

RESEARCH, CLASS PROJECTS, SPECIAL STUDIES

Note research or class projects which are related to your field of interest if appropriate.

CERTIFICATIONS & LICENSES

Examples might include CPR/First Aid, Microsoft, Teaching, etc.....

Name of Certificate/License _____ Date Rec'd/Expires _____
Organization granting Certification/Licensure _____

EXPERIENCE – Work, Internships and/or Related

List your experience, with the most recent information first (no more than 15 years of work history). When noting your responsibilities use action verbs to describe your skills and activities.

Position/Title (1) _____
Dates _____ to _____
Employer/Company _____
City, State _____
Responsibilities & Accomplishments _____

Position/Title (2) _____
Dates _____ to _____
Employer/Company _____
City, State _____
Responsibilities & Accomplishments _____

Position/Title (3) _____
Dates _____ to _____
Employer/Company _____
City, State _____
Responsibilities & Accomplishments _____

MILITARY SERVICE

Include Branch, Rank, Dates, Jobs, and Duties.

HONORS & AWARDS

Include name of honor/award, date received & name of organization giving award.

SKILLS

This section can help you demonstrate proficiency in areas not otherwise outlined in your academics or experience sections. Focus on skills relevant to your desired position/career field. Skills might include: Languages (note level of fluency), Computer Skills (list programs and languages you are able to use), or other field specific areas, such as techniques, methods, and tools/instruments used.

Professional Associations

In this section, list name of organization and dates of membership. Note if you are a student member of a professional association/organization.

INVOLVEMENT

In this section, list Campus, Community, and Volunteer activities that demonstrate involvement in organizations and leadership roles.

REFERENCES

NOTE: References are not included on your resume. Create a separate references page, listing at least 3 individuals who can attest to your work ethic, academic performance, skills and abilities. Ask these individuals prior to including them.

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Job Applications

Sometimes a company’s policy may require you to fill out an application before being considered for a job and often allows an employer to compare you to other applicants.

Many APPLICATIONS ask very similar questions even if they are for different job, at different companies and at different locations. Being able to CORRECTLY COMPLETE a job application is an important tool in job search. Complete the SAMPLE job application and use it as a resource for correctly completing other job applications in the future.

SAMPLE APPLICATION

Application for Employment

Random Drug Testing May Be Required For Employment.

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by this Company? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for this Company? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History
Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

Have you ever been convicted of a FELONY crime? Yes No

If "YES", please explain crime, sentence and circumstances. _____

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold the any of the following valid driver's licenses:

Class A _____ Class B _____ Class C _____

Driver's License Number: _____ State Issued: _____

Election of Veteran's Preference
<p>Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please check the preference you are claiming.</p> <p><input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p><input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p><input type="checkbox"/> Spouse of deceased veteran.</p> <p><input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.</p>

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature _____

Date _____

The Company is an Equal Opportunity Employer. It is the policy of the Company not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, gender, sexual orientation, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

Be Prepared!

Make sure you come prepared when you do have an INTERVIEW. What are some things you should BRING TO THE INTERVIEW? :

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What are some Questions you may have for the EMPLOYER?

What are some Questions YOU May Ask an Employer?

How will you respond if you are asked ABOUT any history concerning your INCARCERATION?

CHAPTER 5 - Clothing

You will need to secure **appropriate** clothing for job hunting and interviewing, as well as clothing for every day dress. Remember to “Dress for Success” whenever you will be out at potential “employment seeking” activities weather or not it is an official job search event. You may make an impression with a potential employer at any public (and private) event you attend!

There are community service and support organizations that may be able to assist with clothing. Find out and list possible options for clothing assistance in your area.

Clothing Provider:

Location: _____

Hours of Operation: _____

Requirements: _____

Clothing Provider:

Location: _____

Hours of Operation: _____

Requirements: _____

Notes on how YOU plan to “Dress for Success”:

What are some of the “Do’s” and “Do Not’s” when it comes to dressing and personal appearance in Job Seeking?

“DO’s”

“DO NOT’s”

CHAPTER 6 - Transportation

One very important area for you to consider is your transportation plan. How you get to work, report to your probation or parole officer, and other important appointments can determine the rate of your success as you transition back into the community. There are many ways to get from “here to there” but sometimes we have to learn to think outside the box.

How do you plan to get around (for interviews, appointments, work, reporting, etc.)? List some transportation options for your area as well as community service providers that may be able to assist with transportation issues.

Public Transportations: _____

Car Pool: _____

Community Assistance: _____

Medical Shuttle: _____

Taxi Services: _____

Drive: _____

Walk: _____

Bicycle: _____

Other: _____

CHAPTER 7 – FOOD

“MAN (NOR WOMAN) CAN LIVE BY BREAD (OR RAMEN NOODLES) ALONE” . . .SO HOW DO YOU PLAN TO NUTRITIONALLY SUPPORT YOURSELF UPON RELEASE?

Many communities have Food Banks/Pantries, Soup Kitchens and other Meal Assistance programs. Additionally, you may be eligible for FOOD STAMPS and should apply for them through your local Department of Family and Children Services (DFACS) offices. Even if you are not eligible for food stamps due to you criminal history, your family members might possibly be eligible.

Locate Food Options in your area.

Community Food Pantries: _____

Local Soup Kitchens _____

Local DFACS Office: _____

CHAPTER 8 – MONEY MANAGEMENT

Monthly Budget			
Income	Salary	Gross	Net
Job # 1			
Job # 2			
Other Income			
Total Income			
Fixed Expenses	Budgeted	Actual	Difference
Rent/Mortgage			
Home Owner's/ Renter's Insurance			
Property Taxes			
Credit Card Payment Minimum			
Health Insurance Premium			
Telephone cell and landline			
Utilities			
Child Support/ Childcare			
Supervision Fees/Restitution			
Variable Expenses			
Food-Groceries			
Food-Meals Out (not entertainment)			
Toiletries, Household Items			
Clothing			
Medical Expenses			
Entertainment			
Transportation			
Car Payment			
Bus Fares and other public transportation			
Gas			
Repairs and Maintenance			
Auto Insurance Premium			
Parking			
Other			
Savings			
Total Expenses			
Balance			

As difficult as prison may be, it has probably been a while since you have had to manage your money. Once you are released, and get a job, you will be earning money, deciding

how to spend it, and making decisions you did not have to make while incarcerated. Learning to live within a “BALANCED BUDGET” is a very useful tool.

CHAPTER 9 – Medical/Health

Taking care of your physical health, including the continuation of medication you were taking while incarcerated, is a critical step in reentry. If you are on medication, you will only be given a limited supply of “take home meds” and you will need to follow up with your private doctor or at one of the publicly funded clinics in your release area AS SOON AS POSSIBLE. There may be a medication assistance program which can assist with paying for some of the medication you currently take. Make sure you have a “Medical Home” to go to once you are released and let the clinic/medical staff know all of your medical issues, especially medication you take.

Medical Problems: _____

Medication List: _____

Immunizations: _____

Clinic: _____

CHAPTER 10 - Education

Education and Marketable Skills

Continuing your education will help you develop marketable skills. You may also be eligible for student financial aid and/or scholarships.

What are your educational plans upon release? Where will you pursue them?

List GED, College or Vocational Training options available in your area.

Financial Aide: _____

Scholarships: _____

School Transcripts: _____

Immunization Records: _____

CHAPTER 11 – Selective Service

What is Selective Service Registration?

Registration with the Selective Service System is a civic and legal responsibility for all male U.S.Citizens within 30 days of their 18th birthday.

Have you registered for Selective Service? _____

How Do You Register?

- 1. Registration On-Line (www.sss.gov)**
- 2. The U.S. Post Office**
- 3. Your counselor can help you register during your time in prison. Talk to them about getting this completed.**

Verification: To verify registration status visit (www.sss.gov).

CHAPTER 12 - Mental Health Services

If you are receiving mental health services at the time of release, it is important to continue treatment upon your release.

Most Counties/Cities have a Community Service Board, often at the local Health Department, which can assist with treatment and medication.

List your Mental Health Diagnosis and MH Medication currently prescribed:

Where can you seek Mental Health Treatment and Assistance in your community?

Please speak with your mental health counselor about any questions you may have about your release from prison or anything in this section of the manual. He or she can be very helpful in preparing you for release and increasing your opportunity to remain in the community without returning to jail or prison

CHAPTER 13 - Alcohol, Other Drugs (AOD) and Recovery

Recovery Readiness Checklist

Adapted from www.williamwhitepapers.com/recovery_toolkit
by George Braucht with William White's permission

Name: _____ Date: _____

Write one number, from 1 to 5, for each of following statements according to this scale:

1 = Strongly Agree; 2 = Agree; 3 = I'm Not Sure; 4 = Disagree; 5 = Strongly Disagree

1. I don't think I have an alcohol or drug problem. _____
2. I might have an alcohol or drug problem, but it isn't that bad yet _____
3. I sometimes worry that I could develop a severe alcohol or drug problem in the future _____
4. I think about stopping my alcohol or drug use but I haven't tried to quit yet _____
5. I have an alcohol or drug problem, but feel like I can handle it on my own. _____
6. I don't think going to treatment would do me any good _____
7. I can't afford to go to treatment. _____
8. I can't take time off work to go to treatment _____
9. I think going to treatment would negatively affect my social relationships and my job. _____
10. I know people in successful long-term recovery from alcohol and/or drug problems. _____
11. I have promised myself and others many times that I would cut down or stop my using. . _____
12. I have tried to stop my drinking or drug use many times. _____
13. I can name three things in my life that would improve if I stopped my AOD use. _____
14. I can name three bad things that might happen to me if I continued my AOD use. _____
15. I have some family and friends who will support me if I try to stop my AOD use. _____
16. I'm surrounded by family members and friends that would make it very hard for me to stop my drinking or other drug use. _____
17. I currently have a plan to stop my AOD use, but I haven't acted on the plan yet. _____
18. I live in a community with lots of treatment resources that could help me. _____

19. I lived in a community with a variety of recovery support groups....._____

20. I live in a community with many recovery support meetings per week....._____

Scoring Instructions

I. My Question 1 number = _____

My Question 13 number = _____

My Question 14 number = _____

My Total = _____

Number of all questions answered with a “3” (I am not sure) = _____

More than one of all 20 questions answered with a “3” (I’m not sure) or a total score in this section of 4 or more means that I am in the **pre-awareness stage of change**. I should spend some more time evaluating my relationship with alcohol and other drugs and the effects they have had on me and others who I care about.

II. My Question 2 number = _____

My Question 3 number = _____

My Question 4 number = _____

My Question 5 number = _____

My Question 6 number = _____

My Question 7 number = _____

My Question 8 number = _____

My Question 9 number = _____

My Question 13 number = _____

My Question 14 number = _____

My Total = _____

The best total score for these questions is a 10. A higher score means that I am in the **awareness, pre-action stage of change**. It is time that I made some serious decisions about changing the role of alcohol and other drugs in my life.

Recovery Readiness Checklist (continued)

Adapted from www.williamwhitepapers.com/recovery_toolkit
by George Braucht with William White's permission

III. My Question 11 number = _____

My Question 12 number = _____

My Question 17 number = _____

My Total = _____

The best score in this section is a 3. A total score of 3-6 indicates that I am in the **action stage of change**. It is time to move from planning and promising to doing.

IV. My Question 10 number = _____

My Question 16 number = _____

My Question 15 number = _____

My Question 18 number = _____

My Question 19 number = _____

My Question 20 number = _____

My Total (do not include Question 16) = _____

The best score in each column is 5. If my total score is 5-10, I believe that I have **family, social and community support for recovery**. A score of 1, 2 or 3 on Question 16 means that I may need to break contact with those family members and friends who will undermine my recovery efforts.

List local Substance Abuse Resources available in your area:

CHAPTER 14

Family Reunification

Just as you had to adjust to life in prison, you will have to adjust to life as you return to the outside world. You cannot expect to feel immediately comfortable at first, but that does not mean it is time to give up. Be patient...with your family and with yourself as you re-integrate into the family, home and community.

Who are some (positive) people you plan to reconnect with when you get out of prison? Remember, you may need to “change your playmates” and not hang around or associate with some of your past friends/family if they threaten you, your freedom and your treatment.

_____	_____
_____	_____
_____	_____
_____	_____

What and where some “Family Events” are you could go with your loved ones as part of your re-integrations? Look for events in your area that are free or low cost.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Here are some suggestions that can help:

- Begin by appreciating the small things that others take for granted—such as privacy, being able to come and go as you please, etc.
- Avoid talking about life behind bars as your only conversation topic—practice making “small talk” about daily happenings instead. Begin visualizing positive ways to react to possible situations
- Don’t try to catch up on what you have missed; you cannot re-live time lost
- Be patient—know that you have to take small steps toward a new way of living
- Gradually you will begin to feel more like you belong “here” than “there”, back in prison life

Parental Accountability

What are/will be your responsibilities as a parent once you release? _____

How do you plan to accomplish them? _____

Do you have Children? Will you need to start providing Child Support (CS) for anyone once you release? Where can you get information and support concerning Child Support?

Child's Name	Age?	Custody Situation?	Pay Child Support?	Mandated?

Social Networking and the Internet

Social Media is a common part of everyday life and people engage in social networking for personal interactions and many other reasons. Many potential employers now require initial applications be made online and having an email account is a critical tool for reentry. Free “Wi-Fi” access is available at many places such as coffee shops, libraries and even McDonald’s!

List some possible “EMAIL NAMES/ADDRESSES” you can establish once you are released. Remember this may be seen by potential employers as well as friends and family and should be an appropriate name/address!

Which of these social network sites have you heard of and/or used?

Social Network Site	Have you Heard of this Site?	Have had/been on Account?
FaceBook		

Twitter		
Instagram		
Snapchat		
Tumblr		
Pinterest		
Other		

CHAPTER 16 - Restoration of Rights

A Restoration of Civil and Political Rights is an order restoring a person's civil rights which are lost in Georgia upon conviction. These include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. **The right to vote is automatically restored upon completion of your sentence(s) therefore you need not submit an application.** You will still need to register to vote to have your name placed on the "voter registration list. Additionally, an approved picture ID (State ID, Driver's License, Passport, etc.) is required to vote.

Have you EVER Voted? _____

Where can you go to register to vote? _____

What do you need to have to register to vote and to vote? _____

CHAPTER 17 – Living Under Supervision

What SUPERVISION are you under for your RELEASE? _____

How long are you under community supervision (# of Years)?

PAROLE _____

PROBATION _____

Location of your Community Supervision Office:

Office: _____

Phone Number: _____

What are some questions and/or issues you should talk to your supervision officer about concerning your release and reentry?

Will you have a fee to pay? _____ Amount? _____ How Often? _____

How often will you be required to check in with Officer? _____

Other: _____

If you will be living in any of the Georgia Prison Reentry Initiative (GA_PRI) In-Reach areas, you might want to contact the Community Coordinator and/or the Housing Coordinator for further assistance.

Community Coordinator: _____

Housing Coordinator: _____

