



SOAR Career Solutions

Reach hire.

205 W. Second St., Ste. 101

Duluth, MN 55802

P: 218-722-3126

soarcareers.org

RE-ENTRY SERVICES Candidate Eligibility

I. Re-entry Services is a voluntary program; however candidates must meet all of the following criteria:

- Returning to St. Louis County/ Duluth
- Referred by supervising facility Case Worker
- Begin working with Re-entry Services prior to release
- Have an interest in Re-entry Services and be willing to meet all expectations of the program, including participation in other program educational opportunities

II. Re-entry Services requires the following participation:

- Must meet with Case Manager weekly, then schedule appointments as needed after progress toward goals is achieved
 - No contact for one month may result in the closing of your file
- Must call to cancel an appointment ahead of time (X3 NCNS could result in closing your file)
- Must be open and honest with Case Manager
 - Re-entry is meant to help you work toward goals and keep you accountable – a trusting relationship allows case managers to assist you in meeting your goals
- Must create specific goals and work towards obtaining those goals
- Must complete one or more of the following:
 - Cognitive behavior workshop (MOM)
 - Weekly support group
 - Career Quest
 - Participation in job search,/career planning with SOAR's employment service Career Specialists
 - TABE test required on all clients

III. Re-entry Services reserves the right to deny acceptance to any candidate. Acceptance may be denied for any number of reasons, including but not limited to, the following:

- Returning to a community other than Duluth or St. Louis County
- Lack of motivation to participate in program and meet expectations

Re-entry Services wants to provide the best services available and as such, reserves the right to limit participants. If our program is full, your name will be put on a waiting list and you will be contacted as openings occur.

Re-entry Services accepts Level 3 sex offenders and offenders with a violent criminal history on a case by case basis.

Instructions for Completing Program Application

If you meet the above criteria and are willing to commit to participating in the Re-entry Services program, please complete the attached application.

Instructions:

1. Fill in all lines completely. It is better to have too much information than not enough.
2. Sign all Releases of Information.
3. Ask your case worker to return the completed application along with their recommendation to Corinne Fader via email to cfader@soarcareers.org, or by mail.

If you have any questions, please speak to your facility case worker and ask that she/he contact us.



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**Re-entry Services – SOAR Career Solutions
Program Application**

Name: _____ DOB/AGE: _____

Correctional Facility: _____ Case Manager: _____

Release Date: _____ Release City: _____

County of Commit: _____ (if St. Louis, please specify Duluth or Range)

Release Plan: Are you being released to another facility such as a half-way house? If so, what is the name of the facility and how long do you plan on being there? Or, other contact information post-release.

Contact Information: Phone # _____ Address: _____

1. What is/are the offense(s) for which you are currently incarcerated?

2. Please describe your criminal history.

3. Why would you like to be involved in Re-entry Services and what do you expect to gain from Re-entry Services?

4. Please check the areas you will need support with:

<input type="checkbox"/> Employment	<input type="checkbox"/> Chemical Dependency
<input type="checkbox"/> Housing	<input type="checkbox"/> Parenting/Childcare
<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive, Pro-Social Relationships
<input type="checkbox"/> Mental Health (including medication)	<input type="checkbox"/> Education
<input type="checkbox"/> Physical Health	<input type="checkbox"/> Other: _____

5. Please list any clubs, organizations, education you were involved with during incarceration:

PLEASE PROVIDE ANY "CONDITIONS OF RELEASE" OR RELATED PLAN/AFTERCARE PLANS, THAT WOULD ASSIST RE-ENTRY SERVICES CASE MANAGER IN SUPPORTING EXISTING TRANSITION PLANNING.

SEE BACK SIDE FOR RELEASE OF INFORMATION



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RELEASE OF INFORMATION

Please sign release to be considered for participation in Re-entry Services. If you will be on probation or parole after your release, please sign BOTH releases.

- 1) By signing this, I give permission to the Correctional Facility stated above to exchange information regarding any and all assessments, screens, Court orders, case plans, and treatment reports on my behalf with Re-entry Services at SOAR Career Solutions.

Applicant's Signature

Date

- 2) By signing this, I give permission to the Re-entry Services at SOAR Career Solutions to exchange information regarding any and all assessments, screens, Court orders, case plans, and treatment reports on my behalf with Arrowhead Regional Corrections.

Applicant's Signature

Date