



SOAR Career Solutions

Reach hire.

205 W. Second St., Ste. 101

Duluth, MN 55802

P: 218-722-3126

www.soarcareers.org

Re-entry Services

REFERRAL GUIDELINES

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

- Returning to St. Louis County
- Begin working with Re-entry Services prior to release
- Have an interest in Re-entry Services and be willing to meet all expectations, including participation in other program educational opportunities
- Be referred by facility supervising case worker
- **Referring case manager must provide required documentation**
 - Recommendation form
 - Risk Assessment Score (LS-CMI AND/OR MNSTARR)
 - Pre-Sentence Investigation or anything with some history of offense
 - Transition Plan, aftercare Plan, or any other related service plan that would assist Re-entry Service case managers in supporting existing transition planning
 - Conditions of Release

I. 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
- Must be open and honest with Case Manager
 - Re-entry Services 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 participate in 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 for all clients

II. 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 St. Louis County
- Must have multiple barriers upon returning to the community
- 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.

For further information, contact Corinne Fader at cfader@soarcareers.org or 218-722-3126, ext. 2404.

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Case Manager Recommendation

Re-entry Services – SOAR Career Solutions

Client Name: _____ Date of Birth/Age: _____

OID#: _____ **Risk Assessment Score:** _____

SID #: _____ (MN Starr, LS-CMI score)

DOC facility: _____ Conviction: _____

Length of Sentence: _____ Any Income on Release: _____

Expected Release Date: _____ Release City: _____

Client's contact information (post release):

This form is to be completed by the facility Case Manager. Please be specific and answer each question completely. If you have any questions, please do not hesitate to contact us at (218) 722-3126.

1. Why is this person a good candidate for Re-entry Services? Please describe their motivation and level of commitment (please include any infraction they have received).

2. What successes/achievements have you seen in this person's life during their incarceration? (education, work success, other programs)

3. In your opinion, what barriers will this person need to continue to work on after their release?

Please check all that apply:

- | | |
|---|---|
| <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: _____ |

PLEASE PROVIDE ANY DOCUMENTATION YOU HAVE: TRANSITION PLAN/AFTERCARE PLAN /CONDITIONS OF RELEASE OR OTHER RELATED PLAN THAT WOULD ASSIST RE-ENTRY SERVICES CASE MANAGERS IN SUPPORTING EXISTING TRANSITION PLANNING.

Case Manager Signature

Date

Case

Case Manager Printed Name

Case Manager Email & phone #

Please return the completed case manager recommendation along with their application to our agency via email to cfader@soarcareers.org, or by mail. Questions/Concerns call (218)722-3126, ext. 2404