



## Kiowa Re-Entry Program

Address: 100 Kiowa Way, Carnegie, Oklahoma 73015

Phone Number: (580) 654-2300

Email: nsimpson@kiowatribe.org

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### Pre-Release Plan

Name:  DOC/Jail#:   
Current Facility:  Date:   
Projected Release Date:

The Pre-release plan is to be completed by the inmate with the assistance of the re-entry staff.

### Identification

State ID/Driver's License  yes  no      Social Security Card?  yes  no  
Kiowa CDIB?  yes  no      Birth Certificate?  yes  no

### Residence

Do you need assistance in obtaining housing?  Yes  No

If yes, where would you like to reside/relocate?

Sober living?  yes  no

Treatment?  yes  no

Transitional Housing?  yes  no

### *Family Member Residence Information*

Name:  Relationship:

Address:  City/St:  Zip:

Phone:  Verified by:

Emergency Contact Information:

Contact Name:  Phone:

Relationship:



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### Transportation

If the following address is out of state and there are supervision requirements, has the Interstate Compact process been initiated?  yes  no

If yes, turn in reporting instructions and number.

If no, refer to the "Interstate Compact for Probation/Parole."

Will a family member or friend pick you up when released?  yes  No

If yes: Name:  Relationship:

Verified By:  Date:

If no, do you need a bus ticket?  yes  no

Who will pick you up at your destination? Name:

Relationship

### Social Support

How do you plan to structure your time when released from the institution? (Such as establishing residence, searching for work, reuniting with family, and non-criminal recreation, etc.)

Who will support you to lead a positive, law-abiding lifestyle when you are released from the institution? This may include community agencies, organizations, support groups, volunteers met while incarcerated, religious groups, Career tech or any other educational resources, etc.

### Legal Issues

Do you have any misdemeanor and/or felony warrants?  yes  no

If yes, list county and case number:

County:  Case Number:  Court Clerk Phone #:

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### Sex and Violent Crime Offender and Methamphetamine Inmates Registries

#### *Sex Offender Registration Information*

Were you convicted of an offense covered by the Sex Offender Registration Act?  yes  no

If yes, verify that “Sex Offender Registration Act and Notice of Duty to Register Form”. (DOC 020307B) has been completed and submitted to the Sex and Violent Offender Registration Unit.

Date Verified:

#### *Violent Offender Information*

Have you ever been convicted of a violent offense that is covered by the Violent Offender Registration Act?  yes  no

If yes, verify that “Violent Crime Offender Registration Form” (DOC 020307C) has been completed and submitted to the Sex and Violent Offender Registration unit.

Date Verified:

If you are required to register, you are also required to report to the local law enforcement agency where you will be residing within three days of your release. Your initial registration will be due to the Sex and Violent Offender Registration Unit 14 days prior to your release.

Local Law Enforcement Office for your proposed residence:

Address:  City/State:

Zip Code:  Phone Number:



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## Programs

Did you complete any programs listed on your case plan while incarcerated?  yes  no

List Programs Completed:

Program:	Institutions:	Date Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide a referral for substance abuse treatment or aftercare if there was a case plan need for substance abuse treatment and/or if requested. Substance Abuse Treatment or aftercare referral:

Name:  Phone Number:

Address:  City/State:  Zip:

## Requirements

***As a client of the Kiowa Re-Entry Program. You will be required to take a Mental Health Assessment thirty days per your release. This is required to determine if you need further treatment after jail/prison.***

***UA (Urinalysis) random UA before you are released is required. This is to determine if you need further substance abuse or alcohol treatment.***

***Tcuds Assessment and/or SASSI is required. This is to determine if you need further treatment after jail/prison.***

***By signing below you agree and understand the assessments required by the Kiowa Re-Entry Program. In order to receive assistance this must be completed and returned to the program in a timely manner.***

Client Signature

Date



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### Health Services Needs

#### *Medical Needs*

Do you require continuing medical care after leaving the institution? (If you are in one or more chronic clinics, or utilizes an assistive device, the answer must be 'Yes')  yes  no

Will you need a supply of medication when you leave the institution? (If you are taking any prescription medications for medical reasons, the answer must be 'Yes')  yes  no

If yes, the assigned case manager will need to inform medical of the pending discharge date at least 30 days in advance to ensure you have the medication when you are released.

Date Correctional Health Services Administrator was notified of projected release date:

Do you need a medical referral?  yes  no

(If the answer to either of the two questions above is 'Yes' then this must also be 'Yes').

Name:  Phone Number:

Address:  City/State:  Zip:

*Name and Title of Medical State confirming information for Re-Entry Program* *Date*

Eligible for Support Act (18-26 years old and ward of state on your 18<sup>th</sup> Birthday)?  yes  no

Have you enrolled in Medicaid 30 days prior to projected discharge date?  yes  no

Were you determined to be eligible for Medicaid?  yes  no

#### *Mental Health Needs*

Do you need a mental health referral (If you are MH level A or Higher, or on mental health medications, the answer must be 'Yes')  yes  no

Name:  Phone Number:

Address:  City/State:  Zip:

Date you completed, signed, and received copies of the "Authorization for Release of Protected Health Information" (DOC 14018A) and Signed the Authorization to Release Information Form for the Kiowa Re-Entry Program.

*Name and Title of Mental Health Staff Confirming Information for Re-Entry* *Date*



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## Post Release Supervision Requirements

Releasing to (check all that apply):

No supervision requirement:

Supervised ODOC probation- Reporting Office:

Post Imprisonment Supervision:

Unsupervised Probation:

Another Oklahoma Jurisdiction- Identify Jurisdiction:

Another State's Jurisdiction:

Another Supervising Agency (District Attorney, Private, Tribal- Identify:

This form is to be returned back to the Kiowa Re-Entry Program. This plan gives the Re-Entry program a full evaluation on the Kiowa Tribal Members needs and assessment before and after imprisonment from jail/prison. The inmate is required to follow all laws, regulations, and report to their probation and parole office at the given time per their release.

*Client Signature*

*Date*

*Case Manager Signature*

*Date*

*Kiowa Re-Entry Director*

*Date*

*Received Date*