



**the
Chickasaw Nation
Re-Entry Program**

#39 North Washington / Ardmore, OK 73401 / (580) 222-2842 FAX (580) 222-2847

**Bill Anoatubby
Governor**

Assessment

Date: _____

Name: _____
First Middle Last Suffix

Chickasaw citizen? Yes No CDIB? Yes No

Age: _____ Birth date: _____ SSN: _____ Gender: Male Female

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Contact phone numbers: Home: _____ Cell: _____ Work: _____

INSTITUTIONAL INFORMATION

DOC #: _____ Facility/cc: _____

Offense: _____ County: _____ CRF #: _____

Conviction date: _____ Sentence length: _____

Release date: _____ Type of release expected: _____

Parole date: _____ Case mgr. name: _____

Sentence length: _____ Prior convictions: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Fines: _____ Court cost: _____

Stipulations upon release: _____

Valid Oklahoma driver's license? Yes No

Needs Upon Release

Do you have transportation home upon release? Yes No

Will you need a bus ticket? Yes No

Do you have a Social Security card on file with DOC? Yes No

Do you have a birth certificate in your jacket? Yes No

Do you have any other form of photo ID? Yes No

Do you have a Chickasaw citizenship card and CDIB? Yes No

Do you plan on living in the Chickasaw Nation Re-entry Transitional Living quarters in Sulphur? Yes No

Do you have a place to go upon release? Yes No

Will you need housing assistance? Yes No

If not, where will you reside? _____

With whom will you reside? _____

Will you need clothing? Yes No

Shirt size: _____ Pant size: _____ Shoe size: _____

Will you need help with food? Yes No

Do you have employment upon release? Yes No

Do you have a profession, skill or trade? Yes No

If so, what is it? Yes No

Do you have the tools specific to your trade? Yes No

What tools would be required? _____

Do you have a driver's license? Yes No

Do you have to attend DUI school upon release? Yes No

Do you own a vehicle? Yes No

Make: _____ Model: _____ Year: _____ Insured? Yes No

Do you attend 12-step meetings? Yes No How often? _____

Do you have a problem with required meetings? Yes No

Are you willing to accept counseling, employment, mutual help, requirements and incentives offered by Chickasaw Nation Re-entry Program? Yes No

Are you incarcerated for a violent crime? Yes No

If so, please explain: _____

** (This is held in the strictest confidence and will not necessarily disqualify you for our program) **

Medical Needs

Do you have a physical disability that would prevent you from performing any type of physical work?

Yes No

If so, what are they? _____

Are you on medications?

Yes No

List them here: Name: _____ Dose: _____ How often: _____

What are they taken for? _____

Will you need medical attention upon release? Yes No

Will you need help with obtaining these medications? Yes No

Will you need the attention of mental health services upon release? Yes No

Are you incarcerated for substance abuse? Yes No

If so, list substances here: _____

Are you willing to submit to work-related random UAs? Yes No

Smoke? Yes No How long? _____ How much? _____

Educational Needs

Do you have your HSE? Yes No

If not, are you willing to go to HSE classes? Yes No

Are you interested in attending college after obtaining HSE? Yes No

Do you have any certificates of completion? (Please mail them in) Yes No

Do you have any college? Yes No

Where? _____

Degrees? _____

Have you ever received any grants, scholarships or student loans? Yes No

Are any of them delinquent? Yes No

Personal

Marital status: Married Divorced Single

Children? Yes No Number: _____

Child 1: _____ Gender: Male Female Age: _____

Child 2: _____ Gender: Male Female Age: _____

Child 3: _____ Gender: Male Female Age: _____

Child 4: _____ Gender: Male Female Age: _____

Child 5: _____ Gender: Male Female Age: _____

Do you owe back child support? Yes No

If so, how much? _____

Is it court ordered? Yes No

What do you think contributed to your incarceration? _____

How do you view people in authority? _____

Do you feel that rules and laws are necessary? _____

Employment History

List any experience, skills, qualifications which you feel would help you find gainful employment:

Type of employment/career you wish to pursue: _____

Do you have skills in that area? Yes No

If not, would you want to go to school to learn the skills for your choice? Yes No

Do you consider yourself reliable? Yes No Miss much work? Yes No

Last three jobs while you were in prison: _____

Do you consider yourself a hard worker? Yes No

Score on your last four evaluations: _____

Any misconducts while in prison? _____

Explain: _____

Longest time on any job: _____ Shortest time on a job: _____

Explain: _____

Highest wages ever obtained? _____

Job this wage was obtained from? _____

Do you feel like your sentence was fair? _____

Do you think that going to prison has changed you? _____

How did you hear about the Chickasaw Nation Re-entry Program? _____

Do you have a plan for your future? Describe it: _____

If you have any comments, suggestions or question please write them here: _____

Janan Powell Re-entry Coordinator The Chickasaw Nation Re-entry Program

Signature: _____ Date: _____
Your name