

# MONTGOMERY COUNTY PRE-RELEASE AND REENTRY SERVICES

## SELF REPORT PERSONAL HISTORY

The Pre-Release Center is a residential facility designed to provide the opportunity for work, education, counseling, community involvement, home visitation, etc. to those individuals who are screened and accepted into the program. The Home Confinement program extends these services under electronic monitoring to participants living in the community. Both programs are voluntary. **If you are interested in applying to participate in the Pre-Release and Reentry Services program, complete all of the following items:**

### 1. GENERAL INFORMATION:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Driver's Permit No.: \_\_\_\_\_ State: \_\_\_\_\_ Status: \_\_\_\_\_

U.S. Citizen: YES / NO Resident Alien No.: \_\_\_\_\_

If no, how long in United States: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Release Address: \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_ No. Address Changes in last year: \_\_\_\_\_

Who do you live with? (Name, Relationship to you):  
\_\_\_\_\_

Address Previous to Incarceration (if different than above):  
\_\_\_\_\_

What other States or Countries have you lived in?: \_\_\_\_\_

### 2. LEGAL INFORMATION: Please Circle, and if "YES" please explain

Do you have any pending charges? YES / NO \_\_\_\_\_

Are you currently on probation from another case? YES / NO \_\_\_\_\_

Have you ever been convicted for an escape charge? YES / NO \_\_\_\_\_

Have you applied for an appeal or reconsideration? YES / NO \_\_\_\_\_

Are you eligible and interested in working in the community? YES / NO Receiving Disability? YES / NO

Have you ever participated with Pre-Release and Reentry Services before? YES / NO

Dates/Unit: \_\_\_\_\_

**What problems were occurring in your life before the time of the offense?**

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**What did you do that caused problems for you?**

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**What could you have done differently?**

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**Have any of your criminal offenses had victims? If so, what impact do you think your choices had on them?  
How might they feel?**

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**3. EDUCATION:**

Did you graduate high school? YES / NO What year?: \_\_\_\_\_ Name of High School: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ G.E.D Earned: \_\_\_\_\_ Where: \_\_\_\_\_

**How was your high school experience? Grades? Sports/Clubs/Activities? Any behavioral problems? Special education classes? Learning disabilities? Diagnosed with ADD or ADHD? Any medications? If dropped out, why?:**

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**Ever Suspended? YES / NO**

**Ever Expelled? YES / NO**

Reason: \_\_\_\_\_

Literate: YES / NO Interested in Tutor? \_\_\_\_\_

Vocational Education/Training: \_\_\_\_\_

College: \_\_\_\_\_

**Do you have any future educational plans? If yes, what are they? \_\_\_\_\_**

**4. MILITARY:**

YES / NO BRANCH: \_\_\_\_\_ Years: \_\_\_\_\_ Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ VA Benefits: \_\_\_\_\_

How was that experience for you? \_\_\_\_\_

Any disciplinary action (Article 15) filed against you? YES / NO Reason: \_\_\_\_\_

**5. EMPLOYMENT/VOCATIONAL:**

**Presently Employed?** YES / NO **If unemployed, what is the last date that you worked?** \_\_\_\_\_

**Are you frequently unemployed?** YES / NO **Periods of unemployment:** \_\_\_\_\_

**What kept you from working?:** \_\_\_\_\_

**How have you supported yourself:** \_\_\_\_\_

**Current or last job Company Name:** \_\_\_\_\_ **Employed since:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **No. Hours per week:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Employer aware of your charge(s)?** YES / NO **Can you maintain/return?** YES / NO

**Previous Work Experience** (last three positions):

<b>Employer</b>	<b>Dates Worked</b>	<b>Position/Duties</b>	<b>Resigned/Fired?</b>

**Employment Skills/ Training/ Certifications:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you worked for one employer for more than one year?** YES / NO

**What is the longest employer you've worked for?** (Employer/Dates): \_\_\_\_\_

**Did you ever get into trouble at any job for things like being late or absent, fighting, etc.?**

\_\_\_\_\_

**Have you ever been fired from a job?** YES / NO **From where and why?**

\_\_\_\_\_  
\_\_\_\_\_

**What are your future employment interests?** \_\_\_\_\_

**6. FINANCES:**

**Have you ever had financial problems?** (defaulting on loans, past due bills, bankruptcy, or credit card debt)

YES / NO Debts/Amount: \_\_\_\_\_

**How are current bills being paid?:** \_\_\_\_\_ **Taxes updated?** YES / NO

**Are you currently receiving Social Service Assistance?** (SSI/Disability-Amount?, Food stamps, HOC, Medicaid) \_\_\_\_\_

**Court Ordered Payments:** \_\_\_\_\_ **Restitution:** \_\_\_\_\_

**Court Ordered Child Support:** YES / NO Amount: \_\_\_\_\_ Arrears: \_\_\_\_\_

**7. FAMILY:**

Name	Age (if deceased – year/cause)	Occupation	Residence (City, State)
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Bio Mother: \_\_\_\_\_

Bio Father: \_\_\_\_\_

Other Parental Figures:

\_\_\_\_\_

**Do you have BIO siblings?** YES / NO

No. Brothers: \_\_\_\_\_ - Older \_\_\_\_\_ - Younger No. Sisters: \_\_\_\_\_ - Older \_\_\_\_\_ - Younger

**Do you have other siblings?** YES / NO

No. Brothers: \_\_\_\_\_ - Older \_\_\_\_\_ - Younger No. Sisters: \_\_\_\_\_ - Older \_\_\_\_\_ - Younger

**Where were you raised? Were you raised by your birth parents? Did anyone else help raise you? What was your home life like? How did you get along with your parents/guardians? What kind of people were they?**

**Did they get along well together? Were you exposed to verbal or physical altercations? Step/Adoptive Parents? How is your relationship with them?**

\_\_\_\_\_

\_\_\_\_\_

**Is there any history of verbal/emotional/physical/sexual abuse?** (age of first abuse, number of events, duration)

\_\_\_\_\_

If yes, please check: Family member \_\_\_\_\_ Friend/Neighbor/Acquaintance \_\_\_\_\_ By stranger \_\_\_\_\_

Was your abuser of the: Same sex \_\_\_\_\_, or Opposite sex \_\_\_\_\_ ?

**Do you feel threatened while in custody? (Please explain)**

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**Do you feel your sexuality will put you at risk to be victimized by other inmates/residents of the same sex?  
YES / NO**

**Is there any family history of alcohol/drug abuse, arrests? (Please Explain)**

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**Is there any family history of mental health problems? (Please Explain)**

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**Separate from your current arrest and conviction, how would you describe current family circumstances and relationships Conflicts? Needs? Communication? Stressors?**

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**How has your arrest and conviction impacted your family and relationship with them? Is there anyone who doesn't know?**

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**List two closest relatives.** If you have no relatives in this area, list two relatives you are closest to:

1.	<hr/>		
	Name/Relationship	Address	Phone
2.	<hr/>		
	Name/Relationship	Address	Phone

**8. RELATIONSHIPS AND CHILDREN:**

**Current Relationship Status:**    Single \_\_\_\_\_    Married \_\_\_\_\_    Girlfriend/Boyfriend \_\_\_\_\_  
   Divorced \_\_\_\_\_    Separated \_\_\_\_\_    Widowed \_\_\_\_\_

**Current Marriage/Relationship:**

Name: \_\_\_\_\_ Length of Involvement: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Children (name, age, custody): \_\_\_\_\_

How would you describe your partner and the relationship? Age? Where do they live? Issues/Conflicts?

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**Previous Marriage/Relationship/Partner:**

Name: \_\_\_\_\_ Length of Involvement: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Children (name, age, custody): \_\_\_\_\_

Issues / Concerns: \_\_\_\_\_

**Previous Marriage/Relationship/Partner:**

Name: \_\_\_\_\_ Length of Involvement: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Children (name, age, custody): \_\_\_\_\_

Issues / Concerns: \_\_\_\_\_

**Previous Marriage/Relationship/Partner:**

Name: \_\_\_\_\_ Length of Involvement: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Children (name, age, custody): \_\_\_\_\_

Issues / Concerns: \_\_\_\_\_

**How is your relationship with your children? How often do you have contact with them? Any problems?**

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**Have you ever been in a relationship that involved Domestic Violence? YES / NO (Please Explain)**

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**Have you ever had a protective/peace order against you? YES / NO    Against someone else? YES / NO**

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**9. MEDICAL:**

**Current Physical Health Problems, Medications, Allergies or Existing Limitations:**

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**Previous Physical Medical Problems/ Hospitalizations?**

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**Who do you have medical insurance coverage with? Need coverage?** \_\_\_\_\_

**10. SEXUAL ORIENTATION**

By the federal standards of the Prison Rape Elimination Act, we are required to ask your sexual orientation:

**Heterosexual** \_\_\_\_      **Homosexual** \_\_\_\_      **Bisexual** \_\_\_\_      **Transgender** \_\_\_\_  
**Intersex** \_\_\_\_      **Gender Non-Conforming** \_\_\_\_

Staff use only: PRRS staff members must indicate they visually observe the individual as non-conforming.

Individual appears gender non-conforming \_\_\_\_\_ (initials).

Individual does not appear gender non-conforming \_\_\_\_\_ (initials).

**11. ALCOHOL AND DRUGS:**

Type of Drug	Age at First Use	Date of Last Use	Amount and Frequency (How Much/ How Often)
Marijuana			
Synthetic K2, Spice			
Cocaine, (Powder, Crack)			
Hallucinogens (e.g. LSD, Mushrooms)			
Amphetamines (e.g. Speed, Meth, Ecstasy, Ritalin, Adderal)			
Opiates (Heroin, Oxycontin, Hydrocodone)			
PCP/Ketamine			
Inhalants			
Alcohol (Beer, Wine, Liquor)			
Other (Please List)			

**WHAT IS YOUR DRUG OF CHOICE?** \_\_\_\_\_

Have you ever had a desire or attempted to control your use? YES / NO

Has anyone close to you ever asked you to cut down your use? YES / NO

Has your use of drugs or alcohol ever interfere with your school performance or attendance? YES / NO

Has your use of drugs or alcohol ever interfere with your work performance or attendance? YES / NO

How has your use of drugs or alcohol affected your home life/relationships?

Have you ever driven under the influence of drugs or alcohol? YES / NO Frequency: \_\_\_\_\_

Do you see substance abuse as a problem that needs your attention now? YES / NO

Periods of Sobriety: \_\_\_\_\_

What contributed to your sobriety?

What contributed to your relapse?

**Substance Abuse Treatment or Detox Programs:**

Program Name	Dates Attended

12 Step Meetings: Past / Present / No Home Group? \_\_\_\_\_

Recovery Sponsor: Past / Present / No Network Activities: Past / Present / No

Have you ever participated in JAS or MRT? If so, what dates? JAS Education completed? What MRT steps did you complete?

**12. EMOTIONAL AND MENTAL HEALTH:**

**Do you have a current Mental Health Diagnosis or are you prescribed any current Medications?**

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**Have you ever been involved in any Outpatient or Inpatient Mental Health Counseling, Treatment, Hospitalizations? Have you had a previous Diagnosis or Medications prescribed to you?**

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**Have you experienced trauma? What have you seen during anytime in your life that has been particularly violent? (assaults, family, school, street, shootings, stabbings, fights, with or without weapons):**

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**Have you ever attempted Suicide or had Suicidal Ideations? Self Harm (cutting, burns, etc)? (Explain)**

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**Do people tell you that you have a bad temper? What kinds of things anger you easily? How do you behave or respond when angered?**

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**Have you ever been in a physical fight? How many? Any weapons involved? Worst injury you caused someone? When was your last fight?**

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**Do you currently own any weapons? Have you ever carried a gun or knife on the street? Why?**

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**13. LEISURE AND PEERS:**

**What do you do for fun in an average week? Do you have any hobbies? Do you belong to any organized groups or clubs?**

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**Do you participate in Religious Services and/or activities? Where/What?**

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*List two friends in this area.* If you have no friends in this area, list two friends you are closest to:

1. 

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Name/Relationship	Address	Phone
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2. 

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Name/Relationship	Address	Phone
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**Who else do you consider to be friends? How do you know them? Are they sober or have a criminal history? What do you typically do together?**

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**Do you associate with neighborhood groups, cliques, crews, or gangs? Formal gang involvement in the past or present?**

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**REENTRY NEEDS:**

- 1. Do you have a Social Security Card? YES / NO
- 2. Do you have an ID or Driver’s License? YES / NO
- 3. Do you have your Birth Certificate? YES / NO
- 4. Prior to incarceration, were you employed? YES / NO
- 5. Do you need to find a job now? YES / NO
- 6. Do you have your High School Diploma or GED? YES / NO
- 7. Prior to incarceration, were you in treatment for substance abuse? YES / NO
- 8. Do you need substance abuse support or addiction services? YES / NO
- 9. Prior to incarceration, were you receiving mental health services? YES / NO
- 10. Do you need mental health or counseling services? YES / NO
- 11. Do you need health care insurance coverage? YES / NO
- 12. Do you have a way to fill any prescribed medications? YES / NO
- 13. Do you need to find housing before your release date? YES / NO
- 14. Have you ever used public transportation? YES / NO
- 15. Do you have a bank account? YES / NO
- 16. Do you believe your family and friends will support you in a crime free lifestyle? YES / NO
- 17. Before incarceration, did you use public assistance for food, medical, or housing needs? YES / NO

**14. DEFINITION OF PERSONAL GOALS:**

**List any short-term goals you have now (i.e. next one to six months)**

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**List your long-range goals (i.e. what do you want out of life?)**

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**What do you want to accomplish while participating in a Pre-Release Services program?**

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**15. PROGRAM APPLICATION AND CONSENT FOR RELEASE OF INFORMATION:**

I understand that personal information concerning me is gathered in the course of my participation in Pre-Release and Reentry Services programs (PRRS). I further understand that in the course of my participation PRRS that staff may release relevant personal (including criminal history) information about me (except for psychological information) on a “need to know” basis to potential employers, essential community resources and referral services, and program volunteers for the purposes of obtaining employment, training, education, treatment services, and reentry referrals for me as well as to individuals agreeing to sponsor me in his/her home for authorized home passes or home confinement. I acknowledge and waive my rights of confidentiality when staff discloses personal information about me to these persons for the purposes stated above.

I understand that the PRRS staff has the responsibility and right to decide the nature and extent of information concerning me to be released in the above circumstances. I fully waive any right or claim that I may have against Montgomery County, Maryland and its employees regarding the release or disclosure of confidential information, for the purposes outlined above.

I understand that the PRRS staff has the responsibility to report information I disclose to the appropriate authorities as it relates to unreported allegations of abuse, concern for self harm or harm to others, and unreported criminal offenses. I further understand that information shared with PRRS staff as part of my program application and throughout my participation may be formally documented in my institutional records, and in records pertaining to my court case, such as in letters and performance reports to the Court, and through other public safety contacts.

I further authorize PRRS staff to contact my proposed sponsor listed below to discuss any relevant information concerning my participation in PRRS programs.

PRRS Sponsor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I completed this Program Application for the Pre-Release and Reentry Services Program honestly and to the best of my ability. By completing and submitting this Program Application I am voluntarily applying to participate and complete the assessment process with Pre-Release and Reentry Services staff.**

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**Signature of Applicant**

**Date**

**Signature of PRRS Staff**

**Date**