“Reentry Begins with You”

2019
Reentry Skills
HANDBOOK

Georgia
Department of Corrections
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“Reentry Begins When Offenders Enter Our System”

INTRODUCTION

Remember that planning for your release needs to start immediately, not just a week before you are scheduled to leave. Reentry starts on your first day of incarceration and everything you do during your incarceration should be focused on increasing your knowledge and abilities for your pending release. As you begin, you first need to take an inventory of issues you may face when you return to the community.

The areas listed below can interfere with your success in establishing a stable life once you are released. Use the checklist below to help determine which areas may be a current or potential problem for you. When you have completed this exercise, look at these identified areas and start developing a plan to address them. This will help you decide what steps to take to assist in your transition to life on the outside. Dealing with these issues now, before release, may also help make them less overwhelming.

This book, and the work you do to complete the different areas, is to help you identify what youe needs will be for your successful reentry into your community. You are encouraged to use the “Reentry Resource Manual” and other sources as you complete the various exercises and worksheets. Once completed, this handbook will be an important tool, a personal resource even, on your journey toward a successful reentry and reconnection with your community, your family and yourself.

Mission Statement

The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and health care.
Chapter 1 - Getting Organized/Barriers

Use this checklist to assist in planning your PERSONAL reentry plan by recognizing some of your barriers. What do you need to work on during your incarceration period?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver’s License/ State Identification Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration/Status of Information exemption for Selective Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Résumé</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Issues/Problem Solving Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education/ Certifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Assistance/DD214</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are some barriers you will need to overcome as part of your reentry success?

What are some solutions to those barriers. Remember that solutions must be REALISTIC and ATTAINABLE to be successful. For example: lack of money may be a real barrier but winning the lottery would not be a very realistic solution!

Chapter 2 – Identification

Having approved identification is a critical tool for successful reentry

Which documents will you have upon your release and/or how will you get them?

_______ Birth Certificate (certified) ___________________________________________

_______ Social Security Card __________________________________________________

_______ DL/State ID __________________________________________________________
To obtain a Georgia Driver’s License or State ID you MUST have the following documents:
- Birth Certificate
- Social Security Card
- Dept. of Corrections Residency Verification Form (DS-752)
OR
- TWO (2) forms of proof of residency such as: utility bills (power, water, gas, etc.),
  personal mail, rental/lease agreement.

**Chapter 3 – Housing**

Where do you plan to live when you get released from prison? Do you have a residence plan? Have a back-up, then have another back-up residence plan! Whether you are getting out on parole, with probation or maxing out, the area where you plan to reside will greatly influence where and how you access the services you need. While you may initially plan to live with a family member and then eventually get your own place, chances are you will continue to be in the same general area and use many of the services you will identify in this workbook.

When looking for housing, keep in mind where it is located relative to your work, what transportation is available, and what stores are in the area. Make sure you have asked the person you plan to live with if it is okay for you to live there. No one wants to be blindsided or put on the spot by a Community Supervision Officer checking out a possible parole residence for a person without having had any prior knowledge.

**PRIMARY RESIDENCE PLAN:**

Living with (Name/Relationship): _________________________________________________

Address (physical/mailing): _______________________________________________________

Contact Number(s): ______________________________________________________________

Notes: _________________________________________________________________________

**SECONDARY RESIDENCE PLAN:**

Living with (Name/Relationship): _________________________________________________

Address (physical/mailing): _______________________________________________________

Contact Number(s): ______________________________________________________________

Notes: _________________________________________________________________________
3rd ALTERNATE RESIDENCE PLAN

Living with (Name/Relationship): ___________________________________________________

Address (physical/mailing): ________________________________________________________

Contact Number(s): _______________________________________________________________

Notes: __________________________________________________________________________

Chapter 4 – Employment

Information in this section will help you when filling out employment applications, putting together a résumé, interviewing, and keeping a job.

JOB OBJECTIVE WORKSHEET

The questions below can help you determine what your resume objective statement should look like, what type of employment you are seeking, what you can offer the employer, where you want to go with your career, etc.

List courses you have taken since incarceration.

______________________________________________________________________________

______________________________________________________________________________

Which subjects do you enjoy and do well in?

______________________________________________________________________________

______________________________________________________________________________

What qualifications and/or skills do you possess?

______________________________________________________________________________

______________________________________________________________________________

List work and/or details you have had while incarcerated.

______________________________________________________________________________

______________________________________________________________________________

Based on the information provided above, what are some job choices in your area of interest? Next, list possible job types available in your area.
Option 1:
Option 2:
Option 3:
Option 4:
Option 5:

What did your Interest Profiler indicate as your TOP 3 categories?
1.
2.
3.

**JOB SEARCH PLAN**

To succeed in your job search, you must be organized. You will be competing with others and your goal is to present yourself as the best candidate for the job.

**Where will you go to find employment assistance?**

Friends & Family
________________________________________________________________

Local Newspaper:
________________________________________________________________

GA Department of Labor:
________________________________________________________________

Community Reentry Service
________________________________________________________________

Goodwill Resource Ctr.
________________________________________________________________

Other Community Resources:
________________________________________________________________

**EMPLOYMENT/JOB PLACEMENT RECORD – Tracking Log**

1. Make a list of who you plan to call (use table below).
2. Find all the phone numbers and write them in the table.
3. Call and get the name of the person in charge of hiring. Keep calling until you get it.
4. Call the person in charge of hiring. Are they hiring now? Keep calling until you find out.
5. If they are hiring, schedule an appointment with them. Keep calling until you get one.
6. Show up on time, do the interview and application, and agree on next steps before you leave.
7. Call back and thank them for the interview and opportunity. Keep calling until you reach them.
8. Call back and find out if you got the job. Keep calling until you find out.
Resume Writing Worksheet
The following worksheet was compiled from multiple online sources and will help you complete your resume. Think about the following areas and make notes for each section. This will help you develop a professional resume with relevant and necessary content. If a category does not have enough space, please use additional paper.

**HEADING – Personal & Contact Info**
You may use an alternative address to indicate where an employer may contact you.

Name _____________________________________________

Address __________________________________________________________________

Phone# ___________________________________________________________________

Email _____________________________________________
(Make sure your email address is one that you check daily and is appropriately named.)

**Objective**
What type of position are you seeking? Include an objective if you have a clear direction or goal.

________________________________________________________

________________________________________________________

**Education**
List all schools you have attended. Do not abbreviate.

Grade/High School: __________________ City/State __________________

Highest Grade Completed: ___________________________
GED: ________________________________ City/State ________________________________

College: ________________________________ City/State:

Major/Degree: ________________________________ Years Attended: ____________________________

Vocational/Trade School: ____________________ City, State ________________________________

Major/Degree: ________________________________ Years Attended: ____________________________

Honors/Awards: ________________________________

---

**Research, Class Projects, Special Studies**

Note research or class projects which are related to your field of interest if appropriate.

---

**Certifications & Licenses**

Examples might include CPR/First Aid, Microsoft, Teaching, etc.

Name of Certificate/License ________________________________ Date Rec’d/Expires ________

Organization granting Certification/Licensure ____________________________________________

---

**Experience – Work, Internships and/or Related**

List your experience, with the most recent information first (no more than 15 years of work history). When noting your responsibilities use action verbs to describe your skills and activities.

**Position/Title (1) ________________________________**

Dates ___________________________ to ___________________________

Employer/Company ________________________________

City, State ________________________________

Responsibilities & Accomplishments ________________________________

---

**Position/Title (2) ________________________________**

Dates ___________________________ to ___________________________

Employer/Company ________________________________

City, State ________________________________

Responsibilities & Accomplishments ________________________________

---
Position/Title (3) ____________________________________________

Dates ___________________________ to ____________________________

Employer/Company ____________________________________________

City, State ___________________________________________________

Responsibilities & Accomplishments

_______________________________________________________________________

Military Service

Include Branch, Rank, Dates, Jobs, and Duties.

_______________________________________________________________________

Honors & Awards

Include name of honor/award, date received & name of organization giving award.

_______________________________________________________________________

Skills

This section can help you demonstrate proficiency in areas not otherwise outlined in your academic or experience sections. Focus on skills relevant to your desired position/career field. Skills might include: languages (note level of fluency), computer skills (list programs and languages you are able to use), or other field specific areas, such as techniques, methods, and tools/instruments used.

_______________________________________________________________________

Professional Associations

In this section, list name of organization and dates of membership. Note if you are a student member of a professional association/organization.

_______________________________________________________________________

Involvement

In this section, list Campus, Community, and Volunteer activities that demonstrate involvement in organizations and leadership roles.
References

References are not included on your resume. Create a separate references page, listing at least 3 individuals who can attest to your work ethic, academic performance, skills and abilities. Ask these individuals prior to including them.

Name___________________________________ Title __________________________
Organization _____________________________________________________________
Address ________________________________________________________________
Phone ___________________________ Email (optional) _________________________

Name___________________________________ Title __________________________
Organization ________________________________________________
Address ________________________________________________________________
Phone ___________________________ Email (optional) _________________________

Name___________________________________ Title __________________________
Organization _____________________________________________________________
Address ________________________________________________________________
Phone ___________________________ Email (optional) _________________________

Job Applications

Sometimes a company’s policy may require you to fill out an application before being considered for a job. This allows an employer the opportunity to compare you to other applicants. You may be asked to complete a job application on paper or online.
# Sample Application for Employment

Random Drug Testing May Be Required for Employment.

## Personal Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Phone:** (____ _) _______ - ________________  
**Work Phone:** (____ _) _______ - ________________  
**Other:** (____ _) _______ - ________________

Are you a United States Citizen or legally eligible to work in the U.S.? ____ Yes ____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)

Are you 18 or over? ____ Yes ____ No

## Title of Position Applying For

<table>
<thead>
<tr>
<th>Date Available to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Have you been previously interviewed or employed by this Company? ____ Yes ____ No  
If Yes, list date(s) and job title(s):

Do you have any relatives currently working for this Company? ____ Yes ____ No  
If Yes, list names and relationship to you:

Are you employed now? If so, may we contact your present employer?

## Education

<table>
<thead>
<tr>
<th>Name and Location</th>
<th># Years Completed</th>
<th>Major Area of Study</th>
<th>Degree/Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical or Certificate Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From _____ To</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td>Dates Employed:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>From __________ To __________</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Duties:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Pay:</td>
<td>Start:</td>
<td>Finish:</td>
</tr>
<tr>
<td>Reason for Leaving:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe your qualifications for the type of employment you are seeking: *(Please include skills, special training, etc.)*
__________________________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please list any special awards, honors, scholarships, or offices held.
__________________________________________________________________________________________________
Have you ever been convicted of a FELONY crime?  _____Yes  ______No

If “YES”, please explain crime, sentence and circumstances.

<table>
<thead>
<tr>
<th>References</th>
<th>Please list names of supervisors, managers, or others who can comment directly on your abilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate whether you hold the any of the following valid driver’s licenses:

Class A _______  Class B _______  Class C _______

Driver’s License Number: ___________________________  State Issued: _____

<table>
<thead>
<tr>
<th>Election of Veteran’s Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you wish to claim a veteran’s preference?  _____Yes  ______No</td>
</tr>
</tbody>
</table>

If so, please check the preference you are claiming.

___Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

___Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

___Spouse of deceased veteran.

___Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran’s preference, please enclose proper documentation establishing your right to claim the preference.

Signature_________________________________________                  Date________________________________
*****
The Company is an Equal Opportunity Employer. It is the policy of the Company not to discriminate in employment matters based on race, creed, color, age, marital status, national origin, gender, sexual orientation, or status with regard to public assistance or disability.

*****
I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

__________________________  ______________________________
Signature of Applicant                                                                 Date

Be Prepared

Make sure you come prepared for your interview. What are some things you should bring to the interview?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some questions you should expect from the employer?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some questions you may ask an employer?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How will you respond if you are asked about any history concerning your incarceration?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CHAPTER 5 - Clothing

You will need to wear appropriate clothing for job hunting and interviewing. You will also need clothing for every day wear. Remember to dress for success whenever you will be out at potential employment-seeking activities, even if it is not an official job search event. You can make an impression with a potential employer at any public or private event you attend! There are
community service and support organizations that may be able to assist with clothing. Find out and list possible options for clothing assistance in your area.

Clothing Provider:
Location: ____________________________________________________________
Hours of Operation: ____________________________________________________
Requirements: ________________________________________________________

Clothing Provider:
Location: ____________________________________________________________
Hours of Operation: ____________________________________________________
Requirements: ________________________________________________________

Notes on how you plan to Dress for Success:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What are some of the “Do’s” and “Don’ts” when it comes to dressing and personal appearance in job seeking?

DO’s
________________________________________
________________________________________
________________________________________

DON'T’s
________________________________________
________________________________________
________________________________________

CHAPTER 6 - Transportation

One very important area for you to consider is your transportation plan. How you get to work, report to your Community Supervision officer, and other important appointments can determine your success as you transition back into the community.

How do you plan to get around for interviews, appointments, work, reporting, etc.? List some transportation options for your area as well as community service providers that may be able to assist with transportation.
Additionally, some community service providers that will help with transportation by helping with public transportation (MARTA Cards, etc.), shuttle services (medical)

**Chapter 7 – Food**

“MAN (NOR WOMAN) CAN LIVE BY BREAD (OR RAMEN NOODLES) ALONE” SO HOW DO YOU PLAN TO NUTRITIONALLY SUPPORT YOURSELF UPON RELEASE?

Many communities have Food Banks/Pantries, Soup Kitchens and other meal assistance programs. You may be eligible for food stamps and should apply for them through your local Department of Family and Children Services (DFACS) offices. Even if you are not eligible for food stamps, your family members might be eligible.

Locate Food Options in your area.

Community Food Pantries:  

Local Soup Kitchens:  

Local DFACS Office:
## Chapter 8 – Money Management

### Monthly Budget

<table>
<thead>
<tr>
<th>Income</th>
<th>Salary</th>
<th>Gross</th>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job # 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job # 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fixed Expenses</th>
<th>Budgeted</th>
<th>Actual</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Owner’s/ Renter’s Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card Payment Minimum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance Premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone cell and landline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support/ Childcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision Fees/Restitution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Variable Expenses

| Food-Groceries          |          |        |            |
| Food-Meals Out (not entertainment) |    |        |            |
| Toiletries, Household Items |        |        |            |
| Clothing                |          |        |            |
| Medical Expenses        |          |        |            |
| Entertainment           |          |        |            |

### Transportation

| Car Payment             |          |        |            |
| Bus Fares and other public transportation |        |        |            |
| Gas                     |          |        |            |
| Repairs and Maintenance |          |        |            |
| Auto Insurance Premium  |          |        |            |
| Parking                 |          |        |            |
| Other                   |          |        |            |

| Savings                 |          |        |            |
| Total Expenses          |          |        |            |
| Balance                 |          |        |            |
CHAPTER 9 – Medical/Health

Taking care of your physical health, including the continuation of medication you were taking while incarcerated, is a critical step in reentry. If you are on medication, you will only be given a limited supply of take home meds and you will need to follow up with your private doctor or at one of the publicly funded clinics in your release area as soon as possible. There may be a medication assistance program you can find online or locally, which can assist with paying for some of the medication you currently take.

Medical Problems:

______________________________________________________
______________________________________________________
______________________________________________________

Medication List:

______________________________________________________
______________________________________________________

Immunizations:

______________________________________________________

Clinic:

______________________________________________________

CHAPTER 10 - Education

Education and Marketable Skills

Continuing your education will help you develop marketable skills. You may also be eligible for student financial aid and/or scholarships.

What are your educational plans upon release? Where will you pursue them?

List GED, College or Vocational Training options available in your area.

______________________________________________________
______________________________________________________
______________________________________________________

Financial Aid:

______________________________________________________

Scholarships:

______________________________________________________

School Transcripts:

______________________________________________________

Immunization Records: 

______________________________________________________
CHAPTER 11 – Selective Service

What is Selective Service Registration?

Registration with the Selective Service System is a civic and legal responsibility for all male U.S. Citizens within 30 days of their 18th birthday. Male, non-citizens living in the US, 18-25 yrs old must register to remain eligible for citizenship. Failure to register can affect your ability to obtain certain services such as: obtaining drivers licenses, federal student aid and federal grants, federal job training, most federal jobs. If you are over 26yrs old and have never registered, you can have your counselor assist you with applying for a Status of Information letter.

If you do not register, there can be a penalty of up to $250,000 and up to 5 years in prison.

Have you registered for Selective Service? ________________________________

How Do You Register?

1. Registration On-Line (www.sss.gov)
2. The U.S. Post Office
3. Your counselor can help you register during your time in prison.
   Talk to them about getting this completed.

Verification: To verify registration status visit www.sss.gov

CHAPTER 12 - Mental Health Services

List your Mental Health Diagnosis and MH Medication currently prescribed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where can you seek Mental Health Treatment and Assistance in your community?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please speak with your mental health counselor about any questions you may have about your release from prison or anything in this section of the manual. He or she can be very helpful in preparing you for release and increasing your opportunity to remain in the community without returning to jail or prison.
CHAPTER 13 - Alcohol, Other Drugs (AOD) and Recovery

Recovery Readiness Checklist
Adapted from www.williamwhitepapers.com/recovery_toolkit
by George Braucht with William White’s permission

Name: _________________________   Date: ___________________________

Write one number, from 1 to 5, for each of following statements according to this scale:

1 = Strongly Agree; 2 = Agree; 3 = I’m Not Sure; 4 = Disagree; 5 = Strongly Disagree

Note: Explain the directions of the exercise to the class

1. I don’t think I have an alcohol or drug problem.........................................................
2. I might have an alcohol or drug problem, but it isn’t that bad yet..........................
3. I sometimes worry that I could develop a severe alcohol or drug problem in the future....
4. I think about stopping my alcohol or drug use, but I haven’t tried to quit yet...........
5. I have an alcohol or drug problem but feel like I can handle it on my own.............
6. I don’t think going to treatment would do me any good........................................
7. I can’t afford to go to treatment. ............................................................................
8. I can’t take time off work to go to treatment.........................................................
9. I think going to treatment would negatively affect my social relationships and my job. ...
10. I know people in successful long-term recovery from alcohol and/or drug problems......
11. I have promised myself and others many times that I would cut down or stop my using.
12. I have tried to stop my drinking or drug use many times........................................
13. I can name three things in my life that would improve if I stopped my AOD use. .......
14. I can name three bad things that might happen to me if I continued my AOD use. ....
15. I have some family and friends who will support me if I try to stop my AOD use. ......
16. I’m surrounding by family members and friends that would make it very hard for me to stop my drinking or other drug use.........................................................
17. I currently have a plan to stop my AOD use, but I haven’t acted on the plan yet. ..........
18. I live in a community with lots of treatment resources that could help me................
19. I lived in a community with a variety of recovery support groups...........................
20. I live in a community with many recovery support meetings per week. .................
Scoring Instructions

Note: Explain the scoring instructions to the class and allow them time to score the section. Walk around the room and assist during this process.

I. My Question 1 number = _____
   My Question 13 number = _____
   My Question 14 number = _____
   My Total = _____

   Number of all questions answered with a “3” (I am not sure) = _____

   More than one of all 20 questions answered with a “3” (I’m not sure) or a total score in this section of 4 or more means that I am in the pre-awareness stage of change. I should spend some more time evaluating my relationship with alcohol and other drugs and the effects they have had on me and others who I care about.

II. My Question 2 number = _____
    My Question 3 number = _____
    My Question 4 number = _____
    My Question 5 number = _____
    My Question 6 number = _____
    My Question 7 number = _____
    My Question 8 number = _____
    My Question 9 number = _____
    My Question 13 number = _____
    My Question 14 number = _____
    My Total = _____

    The best total score for these questions is a 10. A higher score means that I am in the awareness, pre-action stage of change. It is time that I made some serious decisions about changing the role of alcohol and other drugs in my life.

III. My Question 11 number = _____
    My Question 12 number = _____
    My Question 17 number = _____
    My Total = _____
IV. My Question 10 number = _____
My Question 16 number = _____
My Question 15 number = _____
My Question 18 number = _____
My Question 19 number = _____
My Question 20 number = _____
My Total (do not include Question 16) = _____

The best score in each column is 5. If my total score is 5-10, I believe that I have family, social and community support for recovery. A score of 1, 2 or 3 on Question 16 means that I may need to break contact with those family members and friends who will undermine my recovery efforts.

List local Substance Abuse Resources available in your area:  Note: Use the Resource Guide for this section

__________________________________________________________________________________

CHAPTER 14 Family Reunification

Just as you had to adjust to life in prison, you will have to adjust to life as you return to the outside world. You cannot expect to feel immediately comfortable at first, but that does not mean it is time to give up. Be patient…with your family and with yourself as you re-integrate into the family, home and community.

Who are some positive people you plan to reconnect with when you get out of prison? Remember, you may need to “change your playmates” and not hang around or associate with some of your past friends/family if they threaten you, your freedom and your treatment.

__________________________________________________________________________________

What and where are some family events you could go with your loved ones as part of your re-integration? Look for events in your area that are free or low cost.

__________________________________________________________________________________
Here are some suggestions that can help:

- Begin by appreciating the small things that others take for granted—such as privacy, being able to come and go as you please, etc.
- Avoid talking about life behind bars as your only conversation topic—practice making “small talk” about daily happenings instead. Begin visualizing positive ways to react to possible situations.
- Don’t try to catch up on what you have missed; you cannot re-live time lost.
- Be patient—know that you must take small steps toward a new way of living.
- Gradually you will begin to feel more like you belong here rather than there, back in prison.

Parental Accountability

What are/will be your responsibilities as a parent once you release? ____________________________
________________________________________

How do you plan to accomplish them? ____________________________

Do you have Children? Will you need to start providing Child Support (CS) for anyone once you release? Where can you get information and support concerning Child Support?

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Custody Situation</th>
<th>Pay Child Support</th>
<th>Mandated</th>
</tr>
</thead>
<tbody>
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Social Networking and the Internet

Social Media is a common part of everyday life and people engage in social networking for personal interactions and many other reasons. Many potential employers now require initial applications be made online and having an email account is a critical tool for reentry. Free “Wi-Fi” access is available at many places such as coffee shops, libraries and even McDonald’s!

List some possible email address names you can establish once you are released. Remember, this will be seen by potential employers as well as friends and family and should be an appropriate name/address!

________________________________________________________________________________
________________________________________________________________________________

You can create a free email address at: Yahoo Mail (____@yahoo.com), Google Mail (____@gmail.com) and Hotmail (____@hotmail.com)

Which of these social network sites have you heard of and/or used?

<table>
<thead>
<tr>
<th>Social Network Site</th>
<th>Have you Heard of this Site</th>
<th>Have had/been on Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>FaceBook</td>
<td></td>
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</table>
CHAPTER 16 – Restoration of Rights

A Restoration of Civil and Political Rights is an order restoring a person’s civil rights which are lost in Georgia upon conviction. These include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. **The right to vote is automatically restored upon completion of your sentence(s) therefore you need not apply.** You will still need to register to vote to have your name placed on the “voter registration list. Additionally, an approved picture ID (State ID, Driver’s License, Passport, etc.) is required to vote.

Have you ever voted? _______

Where can you go to register to vote? ____________________________________________

What do you need to have to register to vote and to vote? ________________________________

CHAPTER 17 – Living Under Supervision

What supervision are you under for your release? ______________________________

How long are you under community supervision (# of Years)? _________________

Location of your Community Supervision Office:

Phone Number: ________________________________

What are some questions and/or issues you should talk to your supervision officer about concerning your release and reentry?

Will you have a fee to pay?

Amount: ________________________________

Other: ________________________________