

# Licking County Reentry Services

62 Stevens st Newark Ohio 43055

Phone: 740-364-7229

Email: [reentrystaff2021@gmail.com](mailto:reentrystaff2021@gmail.com)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone Numbers: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

Valid Driver's License:  Yes  No If no, state reason:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Release Date: \_\_\_\_\_ Are you now or will you be on Community Control Supervision?

Yes  No Felony or Misdemeanor?

Name and contact information of your supervising officer: \_\_\_\_\_

Tell us what services you will need help with, barriers you are facing: Check all that apply

- Housing/Shelter
- Treatment Services
- Mental Health Services
- Benefits Medical/SNAP
- Transportation
- Education
- Employment
- Legal

List any other resources you might need access to or any other barriers you are or might face upon release. \_\_\_\_\_

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

\_\_\_\_\_\*Please return to the Social Work staff members so you can be linked with a reentry case manager upon release\*



