


DEPARTMENT CHANGE NOTICE: 02-25





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Assistant Secretary
Programs, Treatment, and
Reentry Services

Title: Reentry Services Unit – Procedures Manual	Directive Number: OPSM.165.0001
Responsible Authority:  Ellen S. Rappaport Executive Director, Reentry Services	

Change Notice # 01 to this Directive
Effective Date: December 11, 2025

Explanation: **Underlined text** indicates matter added to existing policy
 ~~Stricken text~~ indicate matter being deleted from existing policy
 Italic font indicates information that explains the reason(s) for a policy change

OPSM.165.0001 - §.05 Reentry Planning Procedures

§.05E(5)(d). A reentry specialist shall: Update Reentry SharePoint system and OCMS within ~~48-72 hours~~.
A reentry specialist shall: Update Reentry SharePoint system and OCMS within 5 business days.

OPSM.165.0001 - §.09 Appendix

§.09A. Reentry Self-Assessment Form – Paper Form # OPS 165-1a-R (*Updated Form*)
§.09C. Exit Orientation Evaluation Form – Paper Form # OPS 165-1c-R (*Updated Form*)

Reentry Plan Self-Assessment Form OPS 165-1a-R (Rev. 12/2025)					
Last Name:		First Name:		DOB:	Projected Release Date:
SID #:		DOC #:		Medicaid #:	
Social Security # :		Gender:		Telephone #:	
Case Manager Name:		Current Job Assignment:		Current Educational level:	
I Refuse Reentry Services at this Time			Signature: _____		Date: _____
I understand that I can change my mind and request reentry services prior to my release.					
Have you received any assistance from a DPSCS Social Worker? <input type="radio"/> Yes <input type="radio"/> No If yes, who was your social worker?					
Do you need any ADA resources or specialized services that are equipped to serve individuals with disabilities? <input type="radio"/> Yes <input type="radio"/> No					
Have you ever worked for MCE? <input type="radio"/> Yes <input type="radio"/> No If yes, what was your assignment?					
Have you or your family member ever served in the military? <input type="radio"/> Yes <input type="radio"/> No					
Do you have a place to live when you are released? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure					
If 'yes', what is the address?		Street Number	Street Name	City	Zip code County
Name of person living at the address:			Person's Relationship to you:		
Responsibilities and Commitments					
Family Responsibilities	<input type="checkbox"/> Parenting <input type="checkbox"/> Child care <input type="checkbox"/> Aging Family Member <input type="checkbox"/> Other				
Financial Commitments	<input type="checkbox"/> Child Support <input type="checkbox"/> Wage Liens <input type="checkbox"/> Restitution <input type="checkbox"/> Legal Fees <input type="checkbox"/> MVA Fees and Fines				
Legal Obligations	<input type="checkbox"/> Parole <input type="checkbox"/> Pending Warrants <input type="checkbox"/> Pending Divorce <input type="checkbox"/> Custody or Probation Detainers Criminal Case Visitation				
Needed Supports and Areas for Growth					
Health and Wellness	<input type="checkbox"/> Medical Care <input type="checkbox"/> Medicaid Enrollment <input type="checkbox"/> Medical Equipment <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Use Treatment <input type="checkbox"/> Alcoholics Anonymous <input type="checkbox"/> Narcotics Anonymous <input type="checkbox"/> AI-ANON <input type="checkbox"/> Other				
Identification	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Voter Registration		<input type="checkbox"/> State ID <input type="checkbox"/> Other	Basic Needs	<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Transportation <input type="checkbox"/> Telephone/Lifeline <input type="checkbox"/> Toiletries <input type="checkbox"/> Other
Housing	<input type="checkbox"/> Transitional <input type="checkbox"/> Shelter <input type="checkbox"/> Sober Housing <input type="checkbox"/> Low Income Rental <input type="checkbox"/> Out of State Home Plan		Career Development	<input type="checkbox"/> College <input type="checkbox"/> GED <input type="checkbox"/> Job Training <input type="checkbox"/> Certification Programs <input type="checkbox"/> Student Grants/Loans <input type="checkbox"/> Digital Literacy	
Assistance	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TCA/TDAP <input type="checkbox"/> OHEP <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Child Support Enforcement				
Skills and Accomplishments					
Education, Training, and Certifications					
Certificates					
Treatment and Programming					

☐ I accept reentry services at this time. I understand that my signature on this form shows that I have started to plan for my return to the community with a Reentry Services Specialist. The specialist will use this information to help me plan for my release. I understand that I can ask for additional resources and I can change my mind about accepting services throughout my incarceration.

Signature: _____ Date: _____

By signing this form, I confirm that I have made the appropriate internal and external referrals.

Staff Name: _____ Staff Signature: _____

Date: _____

Reentry Services Exit Orientation Evaluation Form

Name: Not Required, but appreciated

Date: _____

Facility Name: _____ Reentry Specialist: _____

Instructions:

Please take a few moments to complete this evaluation form. Your feedback will help us improve our services and better support individuals transitioning into the community. Rate each statement using the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. Orientation Content

- 1.1 The information provided during the orientation was clear and easy to understand.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.2 The orientation covered topics that are important for my transition.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.3 I received helpful materials and resources to use after my release.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 1.4 I know how to access community resources (e.g., housing, employment, healthcare).
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

2. Delivery of Services

- 2.1 The staff and speakers were knowledgeable and supportive
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 2.2 My questions and concerns were addressed.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 2.3 I felt respected and valued throughout the process.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

3. Overall Experience

- 3.1 The exit orientation session has helped prepare me for a successful transition.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5
- 3.2 I would recommend this exit orientation to others in similar circumstances.
 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

4. Additional Feedback

- 4.1 What aspects of the orientation were most helpful?
- 4.2 What could be improved to better support individuals in their reentry process?
- 4.3 Other comments or suggestions:

STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES



REENTRY SERVICES UNIT - PROCEDURE MANUAL

OPSM.165.0001

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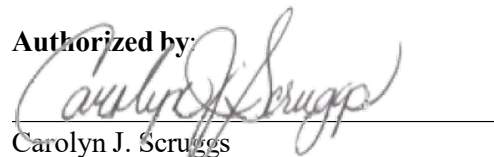
Approved by:



Ellen Rappaport

Executive Director Reentry Services

Authorized by:



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Secretary, DPSCS



Renard E. Brooks

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Table of Contents

.01 — AUTHORITY/REFERENCES	3
.02 — DEFINITIONS	5
.03 — REENTRY SERVICES UNIT POLICY	7
.04 — REENTRY PLANNING RESPONSIBILITIES.....	9
A. Reentry Specialists.	9
B. Reentry Services Supervisor.....	11
C. Information Requests and Inquiries.....	12
.05 — REENTRY PLANNING PROCEDURES	13
A. Identifying Individuals For Reentry Services.	13
B. Referral Process.	15
C. Exit Orientation.	16
D. Individualized Release Planning Meeting.	20
E. Creating the Reentry Release Plan and Distribution.....	23
F. Reentry Services Specialist Performance Metrics.....	24
G. Audit Process.	25
.06 — INTERNAL DPSCS RESOURCES AND SPECIALIZED UNITS	26
A. Case Management.	26
B. Americans with Disabilities Act - Title II Office.	26
C. Limited English Proficiency (LEP).	27
D. Social Work Services.	27
.07 — THE LOCAL REENTRY PROGRAM.....	28
B. Department of Labor – Reentry Navigators and American Job Centers.....	28
.08 — COMMUNITY PARTNERSHIPS AND AGREEMENTS.....	30
A. Requests for Permission to Participate in Reentry Services.	30
B. Distribution Center Oversight.	30
C. Community Resource Fairs.	31
.09 — APPENDIX	33

Reentry Services Unit Manual — Revision History

Prepared by:

Current Document/Content Owner(s)	Project/Organization Role
Ellen Rappaport	Executive Director of Reentry Services

Version Control:

[illegible]

.01 — AUTHORITY/REFERENCES.

Annotated Code of Maryland and COMAR

Correctional Services Article	§ 2-111—Secretary’s duties – Plans and activities.
Correctional Services Article	§ 2-601—Voting rights of released individuals.
Correctional Services Article	§§ 7-301—7-309—Eligibility for parole.
Correctional Services Article	§§7-501—7-506—Release on mandatory supervision.
Correctional Services Article	§ 9-304—Transfer of minimum security incarcerated individuals to local correctional facilities.
Correctional Services Article	§ 9-617—Identification cards for incarcerated individuals.
Correctional Services Article	§ 9-305—Transfer of maximum or medium security incarcerated individuals to minimum security correctional facility.
Labor and Employment Article	Title 11—Division of Workforce Development and Adult Learning Correction.
COMAR 09.37.02.01—.08	Correctional Institutions Mandatory Educational and Workforce Skills Training Program.

Internal Directives and Manual

[DOCM.100.0002](#) — Case Management Manual.

[DPSCSM.170.0001](#) — Volunteer Program.

[DPSCSM.170.0002](#) — Volunteer Orientation Manual.

[DPSCSM.170.0003](#) — Volunteer Program Administration Manual.

[DPSCS.200.0007](#) — Americans with Disabilities Act (ADA) Title II-Non-discrimination and Accommodations for Persons with Disabilities.

[OPS.100.0004](#) — Case Management Directive

[OPSM.126.0001](#) — Social Work Services Program Operations Manual

[OPS.165.0001](#) — Reentry: Assessment, Planning and Programming

[OPS.165.0002](#) — Public Safety Works Program.

[OPS.200.0008](#) — Incarcerated Individual Voting Rights and Procedures.

[OPS.230.0005](#) — Release Procedures.

.02 — DEFINITIONS.

A. In this Manual, the following terms have the meanings indicated.

B. Terms defined.

(1) Agreement.

(a) “Agreement” means a written document between two or more parties that outlines intentions, roles, and objectives, and that serves as a mutual acknowledgment of potential outcomes and processes.

(b) “Agreement” includes, but is not limited to:

(i) Memorandum of understanding (MOU);

(ii) Memorandum of agreement (MOA); and

(iii) Interagency Agreement (IAA).

(2) “Correctional facility (facility)” means a Department correctional facility as defined in the Correctional Services Article, §1-101, Annotated Code of Maryland.

(3) “Department” means the Department of Public Safety and Correctional Services.

(4) “Department of Labor Reentry Navigator (Navigator)” means a Maryland Department of Labor (MDL) employee who offers employment and job training opportunities to incarcerated individuals.

(5) “Employee” means an individual employed by the Department, including an intern, paid worker, or service provider whose work within the Department is controlled by the Department, including but not limited to:

(a) When, where, and how the individual performs a job;

(b) What resources, tools, materials, and equipment are made available; and

(c) Whether compensation or a benefit is conferred based on job performance (e.g. academic credit, stipend, future employment).

(6) “Evidence-based programs and practices” means reentry programs and services proven by scientific research to reliably produce reductions in criminal behavior and reincarceration.

(7) “Individual with a disability” means an individual:

(a) With a physical or mental impairment that substantially limits one or more

major life activities of the individual;

(b) With a record of such an impairment; or

(c) Regarded as having such an impairment as described in 28 C.F.R. § 35.108

(8) Incarcerated Individual.

(a) “Incarcerated individual” has the meaning stated in CSA, §1-101, Annotated Code of Maryland which states, “‘Incarcerated individual’ means an individual who is actually or constructively detained or confined in a correctional facility.”

(b) “Incarcerated individual” includes the term “inmate” as stated prior to October 1, 2023 CSA, §1-101, ACM.

(c) “Incarcerated individual” includes the term incarcerated person.

(9) “Innovative programs and practices” means programs that do not meet the standard of evidence-based practices but which preliminary research or data indicates will reduce the likelihood of offender recidivism.

(10) “Local correctional facility” means a correctional facility as defined in the Correctional Services Article, §1-101, Annotated Code of Maryland.

(11) “Reentry specialist” means a Department employee who provides programming and services intended to prepare an incarcerated individual nearing the end of incarceration for effective transition back into the community.

(12) “Social work staff” means Department employees who provide comprehensive release planning to incarcerated individuals identified as special needs and cognitive-behavioral group treatment to the entire population.

.03 — REENTRY SERVICES UNIT POLICY.

PURPOSE.

The Reentry Services Unit (RSU) is responsible for the coordinated development and implementation of programs and services that will prepare incarcerated individuals for a successful return home after incarceration. This unit strategically identifies resources and services to eliminate barriers to the transition process and reentry into the community. The goals behind the unit's commitment to reentry include:

- Ensuring a seamless transition of incarcerated individuals from custody back to the community;
- Striving to better prepare the incarcerated individual for their transition back to the community by receiving reentry services; and
- Connecting the incarcerated individual with appropriate community resources.

The RSU supplements the correctional case management unit by developing and monitoring individual reentry plans to support incarcerated individuals' rehabilitative efforts. Reentry specialists continue the case management process with emphasis on the preparation for release.

The RSU shall implement innovative best practices that shall increase public safety, reduce incarceration and promote healthy communities. The RSU provides information about programs and comprehensive release planning for incarcerated individuals under the care, custody, and supervision of the Maryland Department of Public Safety and Correctional Services (Department). This is accomplished by providing access to evidence-based programs and coordinating social and community linkages to include, but not be limited to referrals for transitional housing, education, food, transportation, employment, life skills training, and community-based services that address individual's risks and unique needs.

The RSU may refer an incarcerated individual to programs and services intended to prepare the individual for transition to the community following a term of confinement.

POLICY.

- A. The RSU shall provide eligible incarcerated individuals with the opportunity to access services including but not limited to:
 - (1) Individualized needs assessment;
 - (2) Individualized reentry and release planning;
 - (3) Individualized home planning;

- (4) Exit orientations;
 - (5) Community resource fairs in facilities;
 - (6) Identification document assistance;
 - (7) Referral to the onsite Department of Labor (MDL) Reentry Navigators for employment needs;
 - (8) Connections to DPSCS community partners and support networks; and
 - (9) Community mediation.
- B.** The RSU shall foster inclusiveness and accessibility by ensuring that all reentry services are available to incarcerated individuals without regard for the individual's age, race, color, sex, gender, national origin, disability, sexual orientation, religion, or familial status.

.04 — REENTRY PLANNING RESPONSIBILITIES.

A. Reentry Specialists.

- (1) A reentry specialist serves as front line staff providing referral services that support self-sustaining independence for incarcerated individuals who will transition back into the community.
- (2) A reentry specialist shall follow the established chain of command in reporting all problems, issues, and concerns.
- (3) A reentry specialist meets individually and in group settings with incarcerated individuals who are identified as within 273 days of release from incarceration.
- (4) The *Reentry Plan Self-Assessment form - OPS form # 165-1a-R* ([Appendix A](#)) is utilized in discussion with the incarcerated individual to prepare for their release and reentry into the community.
- (5) A reentry specialist shall:
 - (a) Work with an incarcerated individual to identify any potential needs for or barriers to the individual's successful reentry into the community;
 - (b) Identify services that will assist the individual in a successful reentry;
 - (c) Utilize all available resources, (State, local, and federal government, local nonprofits, community groups, and private sector stakeholders), to offer appropriate referrals; and
 - (d) Contingent upon service availability, secure needed services or assist the individual in obtaining the needed services prior to release.
- (6) A reentry specialist shall participate in a multidisciplinary team approach to secure needed transitional services. Team members may include, but are not limited to the:
 - (a) Internal stakeholders, such as DPSCS Clinical Services, Behavioral Health Services, Social Work, Substance Use Disorder Treatment Services (SUD), Case Management, Custody staff, Medical and Mental Health contractors, MCE Reentry Department, and the facility's Volunteer Services Coordinator (VAC) or designee; and
 - (b) Community partners such as Division of Parole and Probation (DPP), SUD Peer Support Specialist, Maryland Workforce Development Exchange, American Job Centers, MDL Reentry Navigators, Mayor's Office of Neighborhood Safety and

Engagement, and other stakeholders.

- (7) In order to reduce duplication of services, a reentry specialist shall review all accessible systems (e.g. OCMS, SharePoint), and/or onsite formal and informal meetings, to determine if DPSCS social work staff has the incarcerated individual on their case load, and review all alerts within OCMS for an individual identified for reentry services.
- (8) If it is determined that another unit is providing reentry services, the reentry specialist shall:
 - (a) Coordinate with a site social worker and/or medical vendor reentry team to confirm the transition of responsibility for procuring the individual's transitional needs; and
 - (b) Document this communication in OCMS case notes and SharePoint.
- (9) If it is determined that another unit is taking the lead, or collaboration is needed, the reentry specialist shall document this in OCMS case notes as well as maintain data to account for the case.
- (10) Reentry specialists shall actively participate in the regional reentry team meetings scheduled by Department Social Work Services.
- (11) A Department reentry specialist shall work with Department vendors and contractual staff including, but not limited to:
 - (a) Contractual medical and mental health reentry staff;
 - (b) Facility Volunteer Activities Coordinators;
 - (c) Facility ADA Coordinators (Assistant Warden);
 - (d) Medicaid enrollment staff;
 - (e) MDL's Correctional Education programs;
 - (f) Institutions of Higher Education;
 - (g) Mediation services;
 - (h) Housing assistance;
 - (i) Volunteers;
 - (j) Substance use disorder treatment staff; and

- (k) Legal services.
- (12) A Department reentry specialist shall work with DPSCS community partners to ensure a successful transition including, but not limited to:
 - (a) Division of Parole and Probation; and
 - (b) Peer Recovery Specialists.
- (13) Reentry specialists shall work in a designated facility or facilities as assigned by the RSU Supervisor.

B. Reentry Services Supervisor.

- (1) The RSU Supervisor (Supervisor) shall, at minimum, conduct one Reentry Services Unit meeting each month.
 - (a) Prior to the meeting the Supervisor shall provide a written meeting agenda to the specialists and provide an opportunity for them to suggest agenda items.
 - (b) The Supervisor shall assign RSU administrative staff to take written minutes of each meeting and provide copies of the minutes to each specialist and the Executive Director of Reentry Services within 5 business days after the meeting.
- (2) The RSU Supervisor is responsible for ensuring all new reentry specialists are:
 - (a) Added to the distribution list for the release report;
 - (b) Provided direct instruction on how to find, use, and enter information into OCMS and the SharePoint database;
 - (c) Provided training and ongoing support for specific reentry training within a correctional facility (e.g. motivational interviewing, mediation); and
 - (d) Provided mandated training in accordance with State law and regulations.
- (3) The RSU Supervisor is responsible for:
 - (a) Reviewing all reentry specialists' weekly status reports due on Wednesday of each week at 12:00 pm and ensure that the details of the status report are clear and concise in order to enable monitoring of productivity and efficiencies and to provide recommendations and support as needed;
 - (b) Reviewing all completed *Exit Orientation Evaluation* forms ([Appendix C](#)) each month to determine which practices and resources are the most beneficial to the incarcerated individuals; and

- (c) Providing a summary of the findings on the 10th day of the month following each quarter (April, July, October, January) and, if appropriate, recommending changes to each specialist's Exit Orientation Program.
- (4) At the end of the month, the RSU Supervisor shall, at minimum, randomly select and review one completed Individualized Reentry Services Release Plan for each reentry specialist in the unit and, based on the Supervisor's knowledge of the available services and resources statewide, provide constructive feedback and mentoring to the specialist.
- (5) In the event that there is an issue, miscommunication, or complex problem within the facility's multidisciplinary team that the reentry specialist cannot handle alone, the RSU Supervisor is responsible for:
 - (a) Discussing the situation with all available team members and facility management as necessary;
 - (b) Developing an action plan, if needed, to resolve the situation;
 - (c) Assisting the reentry specialist to resolve the situation at the lowest possible level; and
 - (d) If resolution is not possible, using the chain of command to escalate and advise the Executive Director of the problem.

C. Information Requests and Inquiries.

- (1) When a Reentry Services employee is in the community, at a reentry event, or in another environment where community members and non-profits are requesting information about DPSCS partnerships and programs, the employee shall provide the person making the inquiry the Reentry Unit's group email account: DPSCS.Reentry@maryland.gov.
- (2) Requests for policies, procedures, or other Department records should be submitted to the Office of Constituent Services at DPSCS.PIA@maryland.gov.

.05 — REENTRY PLANNING PROCEDURES.

A. Identifying Individuals for Reentry Services.

- (1) An incarcerated individual is eligible to receive reentry assistance from a DPSCS reentry specialist if the individual is:
 - (a) Sentenced (post-conviction) and placed in the custody of the Commissioner of Correction, the Commissioner of Pretrial Detention and Services, or assigned to Patuxent Institution programming; and
 - (b) Within nine months (273 days) of release to parole, mandatory supervision, or probation or expiration of sentence, except as provided in § .05A(4) of this Manual.
- (2) An incarcerated individual is ineligible for reentry services if the individual is being released from a Department facility to a substance use treatment facility via court order, Health General Article §8-507, Annotated Code of Maryland.
- (3) The reentry specialist primarily works with incarcerated individuals who are within the last nine months (273 days) of their confinement in a DPSCS facility. It is during this critical period that an incarcerated individual is assessed with the *Reentry Plan Self-Assessment form* ([Appendix A](#)) to identify needs and services for a successful reentry.
- (4) An exception for reentry services can be made for an incarcerated individual who is more than 9 months (273 days) from release if:
 - (a) Referred by a DPSCS social worker, mental or somatic health provider, case management specialist, or substance use treatment provider; and
 - (b) Approved by the RSU Supervisor for assignment, in accordance with [§ .05B](#).
- (5) An incarcerated individual identified as returning to a state other than Maryland after release shall be provided with reentry information and resources on an as-needed basis following an individual planning meeting, but will not receive an individualized Reentry Release Plan.
- (6) Reentry specialists shall identify individuals eligible to receive reentry services in all Department correctional facilities by:
 - (a) Reviewing the weekly 273-day Projected Release Report and generate the OCMS report as needed;
 - (b) Reviewing the updated parole release list from the Maryland Parole Commission

as needed, refer to instructions in the [OCMS CM User Manual - Section 19 - Parole Commission](#); and

- (c) Accepting referrals from DPSCS social workers, case managers, healthcare providers, and substance use treatment providers by completing the Reentry Referral SmartSheet Form.
- (7) Reentry specialists shall use the information found in the release lists and reports to:
- (a) Establish invitations or “count out list” for exit orientations; and
 - (b) Schedule, at minimum, two individualized planning meetings for each incarcerated individual.
- (8) When a reentry specialist generates a 273-Day Release Report, the reentry specialist shall:
- (a) Determine after reviewing OCMS Identification Documentation Screen whether an incarcerated individual has:
 - (i) Declined assistance in obtaining personal identification documents;
 - (ii) Accepted assistance in obtaining personal identification documents, but OCMS indicates that no documents have been requested or received;
 - (iii) Accepted assistance in obtaining personal identification documents, but a barrier to receipt of the requested documents exists (e.g., MVA fines, revocation/suspension of Maryland driver’s license, or previously owned birth certificate cannot be located by family); or
 - (iv) Accepted assistance in obtaining personal identification documents less than 180 days from release and the time to process the application and receive the vital documents exceeds the length of time the individual will remain incarcerated.
 - (b) If the incarcerated individual meets the criteria in [§ .05A\(8\)\(a\)](#), assist the incarcerated individual with obtaining personal identification documents by:
 - (i) Providing the incarcerated individual with an *ID Assistance Request form* OPS 280-1b-R ([Appendix B](#)) to establish whether the individual would like assistance obtaining personal identification documents that they have previously declined;
 - (ii) Completing an *ID Assistance Request form* and forwarding it to the Correctional Case Management Manager of the respective facility to

- indicate the incarcerated individual is currently requesting assistance;
- (iii) If accepted, but not in the file, coordinate with case management within their facility to obtain the documents; and
- (c) If the incarcerated individual accepts the reentry specialist's assistance after previous declinations, the reentry specialist shall begin the process of ordering documents in accordance with DSO SOP #01-2022—Inmate Identification Documents – Standard Operating Procedures.

B. Referral Process.

- (1) Referrals to Reentry Services Unit.
 - (a) All referrals to the Reentry Services Unit shall be submitted to the Reentry Services Unit email: DPSCS.Reentry@maryland.gov or via the SmartSheet Reentry Services Referral Form. The email shall include the following:
 - (i) Email Subject line: Reentry Referral - SID #; Facility;
 - (ii) Email Body: Incarcerated Individual Name, facility, and Name and contact information for the person making the referral; and
 - (iii) A complete and accurate Reentry Services Referral Form.
 - (b) Referral Tracking. Reentry Services shall keep a spreadsheet tracking all incoming referrals to include:
 - (i) Date of referral;
 - (ii) Referring unit or agency;
 - (iii) Reentry employee assignment;
 - (iv) Status; and
 - (v) Date closed.
 - (c) The Headquarters (HQ) RSU Administrator is responsible for tracking all referrals and rejections by Division/unit, facility, and month.
 - (d) The HQ RSU Administrator or designee shall:
 - (i) Check DPSCS.Reentry@Maryland.gov each business day;
 - (ii) Assess each referral within 2 business days;

- (iii) If determined to be an eligible referral, as stated in [§.05A\(6\)](#) of this manual, forward the email and referral form to a reentry specialist; and
- (iv) If the referral is determined to be ineligible, return to the referrer within 3 business days of receipt with reason for the return.
- (e) If the referral is eligible, the reentry specialist shall handle the referral and upload any documentation into OCMS in the Documents section.
- (f) If the referral is ineligible, the RSU HQ shall:
 - (i) Ensure that it is logged and the reason for the rejection is recorded; and
 - (ii) Respond to the individual who made the referral with information about other resources that are available to the incarcerated individual.
- (2) When referring incarcerated individuals to other units see [§.06](#) of this manual.

C. Exit Orientation.

- (1) Each eligible incarcerated individual may take part in an exit orientation session at the individual's facility individually or as part of a group exit orientation.
- (2) An exit orientation shall be:
 - (a) Facilitated by the facility's designated reentry specialist, except during exigent circumstances; and
 - (b) Accessible to and by individuals with disabilities and limited English proficiency.
- (3) If exigent circumstances prevent the designated reentry specialist from facilitating an exit orientation as described in [§.05C\(2\)\(a\)](#), the reentry specialist shall:
 - (a) Document the circumstance in a memorandum;
 - (b) Forward the memorandum to the custody shift supervisor; and
 - (c) If an alternative option is necessary, ensure the option is approved by the Reentry Supervisor
- (4) The session shall educate incarcerated individuals on the reentry process and reentry service provider partners.
- (5) Scheduling.

- (a) At least once a month or more depending on the number of individuals eligible for services, a reentry specialist shall organize an exit orientation.
 - (b) If for any reason, an incarcerated individual is unable to attend an exit orientation, the reentry specialist shall schedule an individualized reentry meeting to share all the information reviewed in exit orientation sessions.
- (6) When scheduling an exit orientation, the reentry specialist shall:
 - (a) Coordinate with facility staff to ensure that the session is scheduled in an appropriate venue within the facility;
 - (b) Work with facility staff to ensure that the incarcerated individual identified will be available to attend at the agreed upon time and place; and
 - (c) Identify and invite appropriate internal onsite staff, community, government and nonprofit partners to share their services and resources.
- (7) A reentry specialist shall provide a finalized agenda 3 to 5 days prior to each exit orientation session to the RSU Manager/Supervisor.
- (8) Exit orientation participants.
 - (a) At minimum, each exit orientation shall include representatives from the following:
 - (i) Division of Parole and Probation;
 - (ii) Maryland Medicaid Enrollment; and
 - (iii) MDL Reentry Navigators.
 - (b) Additional community-based agencies are encouraged to attend and participate in providing resources, such as:
 - (i) Housing assistance;
 - (ii) Substance use treatment services;
 - (iii) Mental health services;
 - (iv) Physical health services; and
 - (v) Education and employment programs.
- (9) During the exit orientation the reentry specialist shall ensure that all participants

receive:

- (a) A paper copy of the *Reentry Plan Self-Assessment form* ([Appendix A](#));
 - (b) If applicable or needed, a translated or an ADA modified version of the *Reentry Plan Self-Assessment form*;
 - (c) A Voter Registration Packet, in accordance with [OPS.200.0008 – Voting in Correctional Facilities](#);
 - (d) Information about enrolling in Maryland Medicaid;
 - (e) Information about obtaining a birth certificate, Social Security card, and a Maryland Identification card ([Appendix B](#));
 - (f) Information about the MD Think – DPSCS Passport Portal consumer portal and how to access copies of vital documents post release; and
 - (g) Other reentry services available at the facility or in the community.
- (10) The reentry specialist shall:
- (a) Review exit orientation goals and benefits of participation;
 - (b) Explain and provide instructions for completing the *Reentry Plan Self-Assessment form*;
 - (c) Upon request, explain and provide instructions for completing a voter registration application; and
 - (d) Discuss the importance of:
 - (i) Enrolling in Medicaid; and
 - (ii) Having important vital identification documents.
- (11) Following the completion of the *Reentry Plan Self-Assessment form*, explanation of voting rights, and Medicaid discussion, a reentry specialist shall:
- (a) Introduce any internal and external reentry partners and give them an opportunity to speak;
 - (b) Identify any other reentry resources available and distribute information about:
 - (i) Mental health treatment;
 - (ii) Physical health treatment;

- (iii) Substance use treatment;
 - (iv) Housing assistance;
 - (v) Financial literacy services; and
 - (vi) Legal and mediation services;
 - (c) On a sign-in or traffic sheet, record the names of incarcerated individuals who:
 - (i) Participated in the exit orientation; and
 - (ii) Failed to participate and document the individual's reason for the absence. Depending on the reason for the absence, ensure the incarcerated individual is rescheduled for exit orientation, via group or individually;
 - (d) The reentry specialist shall indicate the individual's participation status on the OCMS Identification Documentation screen "Attended Exit Orientation" (yes/no) and Reentry SharePoint system (checkbox); and
 - (e) Hand out the participant *Exit Orientation Evaluation* forms ([Appendix C](#)).
- (12) Before dismissing exit orientation participants, the reentry specialist shall:
- (a) Review paperwork completed by each incarcerated individual during the session to ensure all required information is included and accurate;
 - (b) Collect all *Reentry Plan Self-Assessment forms*;
 - (c) Handout Exit Orientation form, read instructions, and explain that any feedback obtained is used to determine whether the information is helpful.
 - (d) Collect participant *Exit Orientation Evaluation* forms to determine:
 - (i) The effectiveness of the session and information provided;
 - (ii) Participant attitudes concerning the transition process; and
 - (iii) New areas to cover and necessary changes to the current subject matter.
 - (e) The reentry specialist shall review the feedback on the evaluations and summarize their findings on the weekly status report. A summary should include, but is not limited to:
 - (i) The number of individuals who provided feedback;
 - (ii) The number of individuals who found the orientation helpful;

- (iii) The number of individuals who would like to meet individually to develop a reentry plan; and
 - (iv) An overview of the requests for additional resources or orientation community participants.
- (13) Upon completion of an exit orientation, the reentry specialist shall review the completed *Reentry Plan Self-Assessment form*. Incarcerated individuals who successfully complete the form and request services shall receive a one-on-one meeting with the reentry specialist to discuss an *individualized reentry plan* (Appendix F) and list re-entry support options.

D. Individualized Release Planning Meeting.

- (1) All eligible incarcerated individuals who participate in an individualized release planning meeting with a reentry specialist shall have completed a *Reentry Plan Self-Assessment form*.
- (2) In the event that an incarcerated individual is in restrictive housing (e.g. administrative segregation, disciplinary segregation), the reentry specialist shall, if permitted, have a one-on-one exit orientation and needs assessment:
 - (a) If requesting for an incarcerated individual to be escorted to the reentry specialist for services, the reentry specialist shall provide the Restrictive Housing Unit Officer-In-Charge (OIC) with a “count out list” detailing the incarcerated individual name, date, time, and orientation location.
 - (b) If security and safety concerns prevent the individual from being escorted to the reentry specialist for services, the reentry specialist shall provide reentry services to the incarcerated individual in the restrictive housing unit by:
 - (i) Notifying the Restrictive Housing Unit OIC of the reentry services being provided to incarcerated individuals in the restrictive housing unit;
 - (ii) Providing the Restrictive Housing Unit OIC with a “count out list” detailing the incarcerated individual’s name, date, and time of service; and
 - (iii) Adhering to established security measures.
 - (c) If exigent circumstances prevent the reentry specialist from providing services to an incarcerated individual in restrictive housing, the reentry specialist shall:
 - (i) Document the circumstance in a memorandum; and

- (ii) Forward the memorandum to the Reentry Supervisor.
- (3) A reentry specialist shall upload an incarcerated individual's *Reentry Self-Assessment (RSA) form* to OCMS Documents.
 - (a) Naming the Document: RSA Year_Month_
 - (i) Form acronym (RSA);
 - (ii) Two digits representing the current calendar year (25 for year 2025) followed by a dash; and
 - (iii) Two digits representing the month (e.g., 05 for May).
- (4) To facilitate this meeting, the reentry specialist shall work directly with facility staff to schedule a meeting with the incarcerated individual. The meeting shall:
 - (a) Be scheduled as soon as possible but no less than 30 days before the anticipated release date, barring unforeseen circumstances such as an unscheduled release;
 - (b) Be held in person at the assigned facility;
 - (c) Utilize the completed assessment form to conduct an in-depth interview with the incarcerated individual to ascertain each individual's needs regarding re-entry and what individual services are appropriate for referral.
- (5) Prior to conducting an individualized meeting and regardless of what information, if any, an incarcerated individual places on a completed reentry needs assessment form, a reentry specialist shall:
 - (a) Review OCMS Alerts ([Appendix D](#)) to determine if the individual has specific needs that will impact the development of the individualized release plan;
 - (b) Review OCMS to identify pertinent and necessary information for release planning, such as the:
 - (i) Case notes screen;
 - (ii) Alerts screen; and
 - (iii) Assessments dashboard; and
 - (iv) Medical dashboard.
- (6) During an individualized release planning meeting, a reentry specialist shall use evidence-based strategies and motivational interviewing techniques to:

- (a) Raise incarcerated individuals’ awareness of resources designed to assist them in re-entering society;
 - (b) Encourage incarcerated individuals to think about their own risk factors and conditions that may increase their likelihood to return to custody;
 - (c) Assist incarcerated individuals to ensure continuity of their healthcare following release to include, but not limited to mental health and substance use treatment; and
 - (d) Help incarcerated individuals stay on track and work towards their personal and professional goals.
- (7) After the meeting is completed, the reentry specialist shall enter a synopsis of the meeting in OCMS case notes. The case notes shall:
 - (a) Clearly identify whether the meeting was held in person or by group and in what facility it was held;
 - (b) Document whether the individual accepted the reentry specialist's assistance and document any reason(s) given for not accepting services; and
 - (c) Provide a brief synopsis of the meeting and document the possible provider referrals the re-entry specialist has identified. If there are any personal documents (e.g., Birth Certificate, SSA card) that are still unsecured but that an incarcerated individual has requested, the reentry specialist shall inquire with case management and document the inquiry in the OCMS case notes.
- (8) If the incarcerated individual refuses reentry assistance at the meeting, a reentry specialist shall:
 - (a) Ensure the incarcerated individual indicates their refusal by:
 - (i) Selecting/checking the “I refuse Reentry Services at this time” option;
 - (ii) Signing and dating the form.
 - (b) If the incarcerated individual refuses to sign, document on *Appendix A* “Refuse to Sign,” and sign and date the form.
 - (c) Document the refusal in OCMS and Reentry SharePoint system and conduct a follow up at a later date.
- (9) If an incarcerated individual requests reentry assistance after the initial refusal, the reentry specialist shall schedule a meeting to discuss the development of an

individualized reentry plan.

E. Creating the Individualized Reentry Release Plan and Distribution.

- (1) Within 30 days of an individual's release to the community, a reentry specialist shall create a detailed *individualized release plan* ([Appendix F](#)) tailored to each individual who indicates on the *Reentry Plan Self-Assessment form* ([Appendix A](#)) form that they agree to receiving reentry services.
- (2) When creating the plan, the reentry specialist shall utilize the *Individualized Reentry Release Plan (IRRP) Template* ([Appendix E](#)) and the *Request and Authorization to Release Information form* ([Appendix G](#)).
- (3) Following the individualized reentry planning meeting and prior to any communication with an outside agency about a referral, the reentry specialist shall work with the incarcerated individual to complete and sign a *Request and Authorization to Release Information form*.
- (4) In developing the release plan, the reentry specialist shall:
 - (a) Consider all of the information gathered during the reentry planning process, including but not limited to the:
 - (i) Exit orientation notes;
 - (ii) OCMS Alerts;
 - (iii) *Reentry Plan Self-Assessment form*;
 - (iv) Case notes and other relevant information entered into OCMS by social work and case management staff;
 - (v) Healthcare information provided by the healthcare contractor; and
 - (vi) Individualized reentry planning meeting;
 - (b) Make any pertinent phone calls and schedule any meetings required to secure services available in the community to address any reentry needs for the individual scheduled for release;
 - (c) Make any applicable referrals to community partners relevant to the reentry needs of the individual scheduled for release;
 - (d) Engage with DPSCS staff such as Medical, Mental Health, Social Work, and Substance Use Treatment Services, if applicable;

- (e) Make referrals to other state agencies such as HealthCare Access Maryland; Maryland Department of Health; and the MDL Reentry Navigators, if applicable;
 - (f) Coordinate with case management to ensure that the individual has any needed vital documents;
 - (g) Document all services provided by the specialist on the Reentry Release Plan; and
 - (h) Document any declined services or services not needed on the Reentry Release Plan.
- (5) A reentry specialist shall:
- (a) Upload the final Individualized Reentry Plan into OCMS documents along with the Reentry Self-Assessment form at least 14 days prior to release. The documents shall be:
 - (i) Uploaded into the “Other Documents” section of OCMS; and
 - (ii) Named “Final Release Plan - SID #; Facility”;
 - (b) Provide a copy of the plan to the incarcerated individual;
 - (c) Include a copy of the plan in the incarcerated individual's release envelope;
 - (d) Update Reentry SharePoint system and OCMS within 48-72 hours; and
 - (e) If the incarcerated individual is being released to parole or probation supervision, provide a copy of the release plan via secure email to the DPP agent or DPP Intake Specialists at least 2 business days prior to release.

F. Reentry Services Specialist Performance Metrics.

- (1) Reentry Services Statistic Report.
- (a) The SharePoint Reentry Services Statistics Report collects data about the programs and services rendered to each incarcerated individual while under the aegis of DPSCS. The report shall be used to evaluate program needs and efficacy (e.g., streamlining staff processes, monitoring caseloads, making program adjustments, and reporting to upper management for review).
 - (b) The Reentry Services Supervisor or designee shall monitor the Reentry SharePoint data system to ensure the report is completed no later than weekly on Friday.

- (c) The Reentry Services Supervisor shall audit the data in SharePoint bi-monthly to ensure accuracy prior to the monthly report being run.
- (d) The Reentry Services supervisor shall run a full monthly report by the 5th of each month statewide. They shall also uphold the accuracy, integrity, and protection of the data.

G. Audit Process.

- (1) The Reentry Supervisor shall conduct an unannounced and/or scheduled audit sessions within a twelve-month period for each reentry specialist.
- (2) Each audit session shall consist of:
 - (a) A review of the outlined Reentry processes—including but not limited to: conversations with random incarcerated individuals, form completion, reentry plan distribution, resource packet dissemination, data collection, uploading of documents into OCMS and community engagement.
 - (b) An audit tool which shall be utilized by the Reentry Supervisor during each audit.
 - (c) An audit findings report, which shall be submitted to the reentry specialist at the conclusion of the audit.
- (3) As a result of the audit finding report, if corrective action planning is necessary, the reentry specialist shall work with the reentry supervisor to address deficiencies identified in the audit.
- (4) A final audit report shall be submitted to the Executive Director of Reentry Services.

.06 — INTERNAL DPSCS RESOURCES AND SPECIALIZED UNITS.

A. Case Management.

The case management process is a unique and critical component to the successful operation of the Department. Case management staff are responsible for developing the course of action by which all program, treatment, and security components of an incarcerated individual's case is managed. Case management staff are also responsible for the "plan of action" that provides for participation in programs, job assignments, treatment, and activities for which the incarcerated individual qualifies. These components are vital to our mission to reduce criminal behavior and improve the quality of life for incarcerated individuals through diverse programs, services, and community partnerships.

Case management interaction and collaboration with multidisciplinary units provides incarcerated individuals with appropriate opportunities to facilitate a successful and permanent return to the community.

B. Americans with Disabilities Act - Title II Office.

In accordance with the requirements of Title II – State and Local Governments of the Americans with Disabilities Act of 1990 (ADA), the Department prohibits discrimination against an incarcerated individual or individual under the supervision of the Department who is a qualified individual with a disability with regard to access to services, programs, or activities while in custody or under supervision by the Department.

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such an impairment.

The ADA Office fosters inclusiveness and accessibility for qualified individuals with disabilities by promoting disability awareness, guiding the Department to make reasonable accommodations and ensuring effective communications by furnishing appropriate auxiliary aids and services necessary to participate in services, programs, and activities. Reasonable accommodations include American Sign Language (ASL) interpreters, interpreter services, and access to durable medical equipment such as crutches, walkers, canes, wheelchairs, braces, prosthetics, hearing aids, glasses and other aids necessary to facilitate daily living.

The ADA Office works with Facility ADA Coordinators-Assistant Wardens to remain compliant with the established policy and procedural guidelines as outlined in the ADA Department Directive-DPSCS.200.0007 - Americans with Disabilities Act - Title II Non-discrimination and Accommodations for Persons with Disabilities. The ADA Office

coordinates the facilitation of quarterly meetings with the sight-, mobility-, and hearing-

impaired incarcerated individual populations.

If an incarcerated individual believes they have been discriminated against based on a disability or that a program, service, or activity within a DPSCS Facility is not accessible, they may file a complaint with the Facility ADA Coordinator. Complaints needing further investigation can also be forwarded to the Department ADA Coordinator. After complaints are received and reviewed the ADA Office informs individuals of action taken in response to the complaint. Provisions for ADA services are contained in [DPSCS.200.0007 - Americans with Disabilities Act \(ADA\) Title II Non-discrimination and Accommodations for Persons with Disabilities](#).

C. Limited English Proficiency (LEP).

The Department ensures that eligible individuals requesting LEP assistance receive meaningful access to programs and services in accordance with state and federal law. LEP individuals are provided with verbal and written language assistance services based on an assessment of their specific needs and other general factors. Provisions for LEP services are contained in [OEE0.020.0032 - Limited English Proficiency Policy](#).

D. Social Work Services.

Social work release planning services are offered to incarcerated individuals with special needs within 1 year of their release to support successful reentry into the community. These services ensure continuity of care by providing tools and resources to help individuals access ongoing social work support after release. Provisions for this unit are contained in [OPS.126.0001 – Social Work Services Program Manual](#).

E. Substance Use Disorder (SUD) Treatment Services.

SUD Treatment Services identifies incarcerated individuals with a substance use disorder and provides structured treatment services to those identified individuals. SUD Treatment Services works to identify community treatment programs that are appropriate for referrals and placements to be made for individuals upon release and while they are under the supervision of the Division of Parole and Probation. Provisions for this program are contained in [DOC.100.0002 - Case Management Manual - Section 15 \(Substance Use Disorder Treatment Services\)](#).

.07 — THE LOCAL REENTRY PROGRAM.

A. Local Reentry Program.

- (1) The purpose of the Local Reentry Program (LRP) is to assist incarcerated individuals who transfer from a DPSCS correctional facility to a participating local correctional facility for reentry services.
- (2) The process includes Case Management identifying incarcerated individuals who volunteer to be transferred from DPSCS correctional facilities to the local County detention center. The LRP consists of the following procedures conducted by case management:
 - (a) Noting eligible and interested incarcerated individuals for transfer to the local correctional facility;
 - (b) Determining eligibility for incarcerated individuals who are approximately 365 days or less from anticipated release from the DPSCS correctional facility.
 - (c) Obtaining medical and mental health clearances for the incarcerated individual and ensuring the individual is suitable for transfer to participate in the LRP;
 - (d) Ensuring the classification documents are sent to the Commissioner of Correction or designee for consideration of approval to transfer; and
 - (e) Upon approval by the Commissioner, forwarding the incarcerated individual's case file information and medical/mental health clearances to the local correctional facility staff for review and consideration.
- (3) The Director of Community Outreach and Special Projects shall be responsible for ensuring that the LRP Memorandum of Understanding (MOU) with the local correctional facility is up to date, and that both parties agree with the existing services provided in the MOU.
- (4) The Reentry Services Manager or designee shall be responsible for notifying the DOC Case Management Local Reentry Coordinator once an incarcerated individual is approved for transfer to the local correctional facility.
- (5) The Division of Correction's Case Management Local Reentry Coordinator will be responsible for facilitating the transfer and monitoring the progress and success of the transferred incarcerated individual.

B. Department of Labor – Reentry Navigators and American Job Centers.

- (1) In conjunction with the Maryland Department of Labor, the American Job Center will

- establish a workforce development plan to create training and employment opportunities for the incarcerated individual.
- (2) The Reentry Specialists shall coordinate efforts to connect incarcerated individuals to the statewide American Job Centers in agreement with the Regional Reentry Navigators.
 - (3) Services include, but are not limited to:
 - (a) Federal bonding services;
 - (b) Employer tax incentives;
 - (c) Education;
 - (d) Training;
 - (e) Career Counseling;
 - (f) Professional skills workshops;
 - (g) Maryland registered apprenticeships;
 - (h) Expungement workshops and legal assistance referral; and
 - (i) Job placement and job retention.
 - (4) Reentry navigators are located in the following areas:
 - (a) Baltimore City;
 - (b) Baltimore County;
 - (c) Anne Arundel County;
 - (d) Carroll & Howard Counties;
 - (e) Prince George’s County;
 - (f) Lower Eastern Shore,
 - (g) Montgomery County;
 - (h) Susquehanna Workforce Region;
 - (i) Upper Shore County; and
 - (j) Western Maryland.

.08 — COMMUNITY PARTNERSHIPS AND AGREEMENTS.

A. Requests for Permission to Participate in Reentry Services.

If a reentry specialist receives a request from a community member or organization to provide reentry services, they shall:

- (1) Connect the community member or organization to the DPSCS Director of Community Engagement and Special Projects for a follow-up discussion to determine if:
 - (a) A Memorandum of Agreement (MOU) is required;
 - (b) A Volunteer Application is required; or
 - (c) One-time access is needed.
- (2) The Director of Community Engagement and Special Projects shall send relevant information to the Supervisor of the Reentry Unit, who will then communicate directions to the on-site reentry specialist.

B. Distribution Center Oversight.

A reentry specialist assigned to the Reentry Distribution Center located at the Dorsey Run Correctional Facility (DRCF) shall provide oversight for the distribution center. This includes but is not limited to:

- (1) Engage with community resources to secure donations of clothing and hygiene items to restock the distribution center;
- (2) Collaborate with Maryland Correctional Enterprises (MCE) to obtain donations from MCE shops;
- (3) Oversee incarcerated individuals working in the distribution center, including payroll management;
- (4) Provide start-up support for any reentry team member establishing or replenishing a clothing closet at their assigned facility;
- (5) Organize quarterly clothing drives to maintain adequate supplies;
- (6) Prepare release folders for the DOC Statewide Reentry Specialist Team;
- (7) Manage a caseload at Dorsey Run Correctional Facility, ensuring reentry specialist coverage for the number of incarcerated individuals being released into the community; and

- (8) Document all reentry services provided within the assigned caseload in SharePoint and OCMS.

C. Community Resource Fairs.

- (1) The RSU shall facilitate at least 12 resource fairs inside the facilities each year statewide.
- (2) The RSU shall follow the *Reentry Fair – Standard Operating Procedure (SOP)*([Appendix H](#)) to screen the community organizations, including repeat and new organizations.
- (3) The reentry specialist who is assigned to the facility shall coordinate DPSCS community resource fairs along with the assigned Volunteer Activity Coordinator or designee of that facility for incarcerated individuals.
- (4) A reentry specialist shall:
 - (a) Work with the RSU administrative staff to process the community agencies who would like to participate accordingly;
 - (b) Notify the facility managing official of the following;
 - (i) Resource fair date; and
 - (ii) Number of vendors who are participating in the fair.
 - (c) Utilize the Resource Fair Attendance Sheet and give the sheet to an officer who is assigned to work the resource fair; and
 - (d) Collect the attendance sheet at the conclusion of the resource fair and submit the attendance information to the RSU administrative staff for record keeping.
- (5) At the conclusion of the resource fair, the reentry specialist shall work with the RSU administrative staff to capture the following data:
 - (a) Number of agencies in attendance;
 - (b) Number of incarcerated individuals attended and returning county;
 - (c) Number of Evaluations completed by incarcerated individuals; and
 - (d) Number of Evaluations completed by agencies in attendance.
- (6) The reentry specialist assigned to the resource fair shall work with the RSU to review incarcerated individuals and agency evaluations and provide the reentry supervisor

with a narrative summary of the event within one week of the reentry fair.

.09 — APPENDIX.

- A. [Reentry Self-Assessment Form](#) (Paper Form # OPS 165-1a-R)
- B. [ID Assistance Request Form](#) (Paper Form # OPS 280-1b-R)
- C. [Exit Orientation Evaluation Form](#) (Paper Form # OPS 165-1c-R)
- D. [OCMS Alert Codes](#)
- E. [Reentry Referral Form](#) (Electronic Form # OPS_165-1e-E)
- F. [Individualized Reentry Release Plan Template](#) (Fillable PDF Form # OPS 165-1f- R)
- G. [Request and Authorization to Release Information Form](#) (Fillable PDF Form # OPS 165-1g-R)
- H. [Reentry Fair – Standard Operating Procedure](#)
- I. [Resource Fair Evaluation for Incarcerated Individuals](#) (Paper Form # OPS 165-1i- R)
- J. [Resource Fair Evaluation for Agencies](#) (Paper Form OPS_165-1j-R)

Reentry Plan Self-Assessment Form (OPS 165-1a-R)

Last Name: _____ First Name: _____ Current Age: _____ Date of Birth: _____

SID Number: _____ DOC Number: _____ Medicaid #: _____

Case Manager Name: _____ Current Job Assignment: _____ Current Educational level: _____

☐ **I Refuse Reentry Services at this Time** Signature: _____ Date: _____
I understand that I can change my mind and request reentry services prior to my release.

Have you received any assistance from a DPSCS Social Worker? ☐ Yes ☐ No If yes, who was your social worker? _____

Have you ever worked for MCE? ☐ Yes ☐ No If yes, what was your assignment? _____

Have you or your family member ever served in the military? ☐ Yes ☐ No

Do you have a place to live when you are released? ☐ Yes ☐ No ☐ Unsure

If 'yes', what is the address? Street Number _____ Street Name _____ City _____ Zip code _____ County _____

Name of person living at the address: _____ Person's Relationship to you: _____

Responsibilities and Commitments

Family Responsibilities ☐ Parenting ☐ Child care ☐ Aging Family Member ☐ Other

Financial Commitments ☐ Child Support ☐ Wage Liens ☐ Restitution ☐ Legal Fees ☐ MVA Fees and Fines

Legal Obligations ☐ Parole ☐ Pending Warrants ☐ Pending Criminal Case ☐ Divorce ☐ Custody or Visitation
☐ Probation ☐ /Detainers

Needed Supports and Areas for Growth

Health and Wellness ☐ Medical Care ☐ Mental Health Services ☐ Narcotics Anonymous ☐ Al-ANON
☐ Medicaid Enrollment ☐ Substance Use Treatment ☐ Gambler's Anonymous ☐ Other
☐ Medical Equipment ☐ Alcoholics Anonymous ☐ NAMI ☐

Identification ☐ Birth Certificate ☐ State ID ☐ Social Security Card ☐ Other ☐ Voter Registration ☐
Basic Needs ☐ Food ☐ Telephone/Lifeline
☐ Clothing ☐ Toiletries
☐ Transportation ☐ Other

Housing ☐ Transitional ☐ Shelter ☐ Sober Housing ☐ Low Income Rental ☐ Out of State Home Plan
Career Development ☐ College ☐ Certification Programs
☐ GED ☐ Student Grants/Loans
☐ Job Training ☐ Digital Literacy

Assistance ☐ SNAP ☐ SSI ☐ TCA/TDAP ☐ Veteran Benefits
☐ WIC ☐ SSDI ☐ OHEP ☐ Child Support Enforcement

Skills and Accomplishments

Education, Training, and Certifications

Certificates

Treatment and Programming

☐ I accept reentry services at this time. I understand that my signature on this form shows that I have started to plan for my return to the community with a Reentry Services Specialist. The specialist will use this information to help me plan for my release. I understand that I can ask for additional resources and I can change my mind about accepting services throughout my incarceration.

Signature: _____ Date: _____

By signing this form, I confirm that I have made the appropriate internal and external referrals.

Staff Name: _____ Staff Signature: _____ Date: _____



ID Assistance Request form

As a person sentenced to the custody of the Commissioner of the Division of Correction (DOC) you are entitled to receive assistance in obtaining personal identification (ID) documents prior to release. Personal ID documents include, but are not limited to, birth certificates, Social Security cards, driver's licenses, and State Identification cards (IDs). Having these documents in your possession at the time of release may help you make a positive transition back to the community, as well as, help you obtain additional services and benefits. In order to apply for a State ID, you must first have an original birth certificate and Social Security card.

In order to help you, we need to know if you already have a birth certificate and/or a Social Security card. If you do not have one or both, we would like to help you apply for them.

Do You Have A:		Where Is The Document Located?
----------------	--	--------------------------------

☐ Yes☐ No**Birth Certificate**

☐ Yes☐ No**Social Security Card**

☐ YesI would like assistance in obtaining a **Birth Certificate**.

I was born in the State of _____.

I am *declining* assistance in obtaining a Birth Certificate. I have an original Birth Certificate in a safe location or do not need the Department to assist me with applying for one. I understand that I may change my mind and request assistance at any time.

☐ YesI would like assistance obtaining a **Social Security Card**.☐ No

I am *declining* assistance in obtaining a Social Security card. I have an original Social Security card in a safe location or do not need the Department to assist me with applying for one.

Name _____ SID# _____ DOC# _____

Date _____

Staff _____ Date _____

OCMS Identification Screen Update Date _____

DPSCS EXIT ORIENTATION EVALUATION

How Are We Doing?

Thank you for your participation!! We hope this information was helpful and beneficial your return back. Please complete the following survey.

1. Please rate the quality of the Reentry Services Vendors who participated in today's event.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Disappointing ←————— Good —————→ Exceptional

2. The information provided by Reentry Fair participants was....

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Not Helpful ←————— Somewhat Helpful —————→ Exceptional

3. The information provided today will help me

Start planning for my reentry into society? ☐ Yes | ☐ No | ☐ Unsure

Get services and programs I need? ☐ Yes | ☐ No | ☐ Unsure

Continue my education upon release? ☐ Yes | ☐ No | ☐ Unsure

4. I would recommend this Reentry Fair to others.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 Definitely Not ←————— Maybe —————→ Definitely

5. I think it would be helpful to have more of the following resources:

Housing ☐ Yes | ☐ No

Employment ☐ Yes | ☐ No

Education ☐ Yes | ☐ No

Medical/Health Services ☐ Yes | ☐ No

Therapeutic/Mental Health Services ☐ Yes | ☐ No

6. Is there anything else you would like us to know?

OCMS Alerts - Related to Reentry Needs

OCMS Alert	Description
ADA Aid or Implanted Device	Hearing Impaired
ADA Catheter	Medical
ADA Colostomy	Medical
ADA Dialysis	Medical
ADA Hearing Impaired- Deaf	Hearing Impaired
ADA Hearing Impaired- Hard-of-Hearing	Hearing Impaired
ADA Mobility Impaired Braces	Medical
ADA Mobility Impaired Cane	Medical
ADA Mobility Impaired Crutches	Medical
ADA Mobility Impaired Wheelchair	Medical
ADA Mobility Impaired Walker	Medical
ADA Other	Medical
ADA Sight Impaired- Blind	Vision Impaired
ADA Sight Impaired- Low-Vision	Vision Impaired
ADA Speech Impaired	Medical
ASL Interpreter	Translation Services
Child Support Notification	Legal Services
GED/HSD Verified	MDL Verification - Continued Education Services
Geriatric*	-
Ltd English	Language Translations Services
Mandatory Ed Comp	Continued Education Services
Mandatory Ed Eligible	Continued Education Services
MAT	Medication Assisted Treatment
Mental Health	Behavioral Health Services
Name Change	Legal Services
Alias Name	-
No Contact Order	Verification with Victim Services - Notification
Pregnant	Medical
Mental Illness	Behavioral Health Services
SMI (Serious Mental Illness)	Behavioral Health Services
SOR TIER I	Sex Offender Registration - Tier I (15 years)
SOR TIER II	Sex Offender Registration - Tier II (25 Years)
SOR TIER III	Sex Offender Registration - Tier III (Lifetime)
Active Substance Use Disorder Treatment	
Transgender to Female	Medical
Transgender to Male	Medical
Veteran	Veteran Services

<https://app.smartsheet.com/b/form/ff7b4038894942d5bf52ce718c643707>



Reentry Services Referral Form

This form is intended to facilitate referrals to the Reentry Services Unit within the Department of Public Safety and Correctional Services (DPSCS). The purpose of the referral is to ensure that incarcerated individuals receive the necessary support and resources to transition successfully back into the community. Please carefully complete the form.

Form # OPS 165-eE (10/2025)

Your Information

Name *

Title or Rank *

Your title and/or Rank

What unit do you represent? *

Phone Number *

Email Address *

Incarcerated Individual Information

State Identification Number (SID) *

Name *

Date of Birth *

Facility *



Maryland Department of Public Safety and Correctional Services

Individualized Reentry Release Plan

Last Name: _____ First Name: _____ DOB: _____

SID Number: _____ DOC: _____ Release Date: _____ Regional / County: _____

Reentry Specialist Name: _____ Assigned Case Manager Name: _____

Part 1 – Community Resource Information *(Note: The reentry specialist may provide the individual with approved supplemental community resource information, e.g. brochures, pamphlets, intake referral forms. The reentry specialist must document detailed information such as, name of service provider, address, contact number, website address.)*

Personal or Community Resource	Agency Service Provider and General Information
Birth Certificate (Required)	<ul style="list-style-type: none"> • Your birth certificate is in your Release Envelope. • You indicated your birth certificate is at home or accessible. • You declined assistance with retrieving a birth certificate. <p>If you would like to get your own Birth Certificate go to: https://health.maryland.gov/vsa/Pages/birth.aspx and www.vitalchek.com</p>
Social Security Card (Required)	<ul style="list-style-type: none"> • Your social security card is in your Release Envelope. • You indicated your social security card at home or accessible. • You declined assistance with retrieving a social security card. <p>If you declined a Social Security Card and would like to obtain it when released go to or call: https://www.ssa.gov/ Phone: 1-800-772-1213</p>
Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)	<p>If you would like information about SSI or SSDI, upon your release go to or call: Social Security Administration https://www.ssa.gov/ Phone: 1-800-772-1213</p>

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Personal or Community Resource	Agency Service Provider and General Information
State/Government Issued ID Card (Required)	<ul style="list-style-type: none"> ● Your MVA card is in your Release Envelope. ● You indicated your MVA card at home or accessible. ● You declined assistance with retrieving a MVA card. <p>If you declined a MVA card and would like to obtain it when released go to or call: https://mva.maryland.gov Phone : 1-800-950-1682</p>
Medicaid/Medicare Insurance Card Supplemental Nutrition Assistance Program (SNAP) Temporary Cash Assistance (TCA)	<ul style="list-style-type: none"> ● Your Medicaid/Medicare Insurance card is in your Release Envelope. ● You declined assistance with retrieving a Medicaid/Medicare card. ● Not applicable ● Informational documents about SNAP and TCA, e.g. how to apply, are provided in your Release Envelope ● Declined information <p>If you would like additional information about SNAP or TCA, upon your release go to or call: Department of Human Services https://dhs.maryland.gov/ Phone: 1-800-332-6347</p>
Certificate of release or discharge from Active Duty – Form DD214	<ul style="list-style-type: none"> ● Military record/documents or information is in your Release Envelope. ● You declined assistance with obtaining military records.
Voter Registration	Maryland Voter Registration application and Restoration of Voting Rights information is included in the Release Envelope

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Personal or Community Resource	Agency Service Provider and General Information
Veterans Assistance	If you need assistance with veteran affairs go to or call: US Department of Veteran Affairs https://www.va.gov/ Phone: 1800-698-2411
Emergency Housing Resources	
Americans with Disabilities (ADA)	
Mental Health Services	
Substance Use Treatment	

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Personal or Community Resource	Agency Service Provider and General Information
Department of Labor-Reentry Navigator for Employment Assistance	
Maryland Legal Aid	
Division of Parole and Probation Intake Office	Detailed reporting instructions are printed on your Mandatory Supervision Release Certificate or Order for Release on Parole paperwork
Additional Information:	

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Part 2 – Reentry Specialist Release Plan Verification *(Complete within 30 days of an individual's release to the community. Adhere to appropriate processing and timeline guidelines outlined in OPSM.160.0001 – Reentry Unit Procedures Manual.)*

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services		Changes/Comments
Birth Certificate (Required)			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Gov't ID Card (Required)			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Social Security Card (Required)			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Military Form DD214			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Voter Registration			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Medicaid/Medicare Insurance Card			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	
Supplemental Nutrition Assistance Program (SNAP)			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received 	<ul style="list-style-type: none"> ● Pending ● Other 	

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services	Changes/Comments
Temporary Cash Assistance			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Emergency Housing Resources			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Americans with Disabilities (ADA)			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Mental Health Services			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Substance Use Treatment			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Department of Labor-Reentry Navigator for Employment Assistance			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	
Maryland Legal Aid			<ul style="list-style-type: none"> ● Received (Date)_____ ● Not Received ● Pending ● Other 	

Maryland Department Public Safety and Correctional Services
Individualized Reentry Release Plan

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services	Changes/Comments
Division of Parole and Probation Intake Office			<ul style="list-style-type: none"> • Received (Date)_____ • Not Received • Pending • Other 	
Other:			<ul style="list-style-type: none"> • Received (Date)_____ • Not Received • Pending • Other 	
Other:			<ul style="list-style-type: none"> • Received (Date)_____ • Not Received • Pending • Other 	

Reentry Specialist's Signature - Date

Incarcerated Individual Signature - Date

DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES

Request and Authorization to Release Information

Incarcerated Individual Name

Date of Birth

SID #

Facility

I hereby authorize the Department of Public Safety and Correctional Services to release the following information to the outside agency(ies) below for the purposes of individualized reentry planning and referrals.

Type of Information to be released are described or listed as (e.g. anticipated release date, needed services, and returning county):

Community Agency to Provide Reentry or Other Services

Name of Community Agency: _____

Point of Contact for Community Agency: _____

I understand that my authorization will remain effective from the date of my signature until the release of the information indicated above, this information will be handled confidentially in compliance with all applicable laws and regulations.

I understand:

- This authorization is voluntary.
- I may revoke the authorization at any time by giving written notice of revocation.
- I have read and understand the contents of this authorization, and I give permission to disclose the required information above to the requesting outside agency.

Incarcerated Individual Signature

Date

Reentry Specialist Signature

Date

Reentry Specialist Name - Print

STANDARD OPERATING PROCEDURE — COMMUNITY REENTRY FAIRS

Community Reentry Fair Participant Screening Process.

1. All new organizations who sign up for the scheduled resource fair shall be screened by the Director of Community Engagement and Special Projects.
2. The Director of Community Engagement and Special Projects shall determine whether the organization is suited for a partnership with DPSCS.
3. The Director of Community Outreach and Special Projects shall receive screening assistance from Department Unit Directors, as it pertains to their area of expertise, such as substance use disorder, social work, medical services, etc.

Community Resource Fair Event Planning and Process.

RSU Administrative staff shall send resource fair invitations via email with listed link:

- a. Google Registration ([DPSCS Reentry Fair Registration](#)); and
- b. Resource Fair Calendar.
2. Registration for the upcoming scheduled fair shall be closed two weeks prior to the fair date.
3. Registration forms must include:
 - a. Name of the organization;
 - b. Point of Contact (POC) and/or person completing the form;
 - c. Name of attendees attending the fair (3 people maximum); and
 - d. Brief description of what services are provided by the organization.
4. Using the registration spreadsheet formulated from the Google form, the RSU Administrative staff shall create a list documenting the following information:
 - a. Name of organization;
 - b. Person of contact and email; and
 - c. Name of attendees.
5. Once registration is closed the list will be sent to:
 - a. Facility Assigned Reentry Specialist Facility;
 - b. Facility Administrator or the Assistant Warden;
 - c. Facility Volunteer Activities Coordinator; and

- d. Others as required by the facility.
- 6. Logistics in the facility shall be handled onsite by:
 - a. Facility Reentry Specialist; and
 - b. Facility Administrator and/or Assistant Warden.
- 7. The reentry specialist shall notify the facility managing official of the following:
 - i. Resource fair date; and
 - ii. Number of vendors who are participating in the fair.
- 8. At least 7 days prior to the resource fair a confirmation letter shall be sent by the Reentry Administrative Officer to the organization's point of contact confirming attendance and any special requests.
- 9. During the fair the Reentry Administrative Officer or Reentry Specialist shall disseminate evaluations to organizations and collect them at the end of the fair.

Process for Identifying Incarcerated Individuals Who May Attend the Fair.

- 1. The Assigned Site Reentry Specialist shall work with case management or designee at their assigned facility to identify eligible incarcerated individuals who will be in attendance.
- 2. The Reentry Specialist shall utilize the list provided to document all incarcerated individuals in attendance.
- 3. The list shall then be sent by the Reentry Specialist to the Department's ADA Coordinator via email for review. The ADA Coordinator will then identify incarcerated individuals who may need reasonable accommodations.
- 4. Once the incarcerated individuals are identified from the list, the ADA Coordinator will return the list to the Reentry Specialist indicating all incarcerated individuals who may require reasonable accommodations.
- 5. The Reentry Specialist will ask all ADA identified individuals if they are in need of any accommodations to attend the resource fair. If yes, the Reentry Specialist shall coordinate with the on-site facility ADA Coordinator (Assistant Warden) to ensure accommodations are made.

Processes to be Completed at the Conclusion of Fair.

- 1. At the conclusion of the resource fair, the Reentry Specialist shall work with the RSU Administrator Officer to capture the following data sorted by Maryland County/City:
 - a. Incarcerated individual's name;
 - b. Incarcerated individual's SID and DOC(CL) number; and

- c. The county (or Baltimore City) where the individual plans to live upon release.
- 2. Incarcerated Individual Reentry Fair Evaluation.
 - a. Reentry Specialist shall allow incarcerated individuals to complete the [Incarcerated Individual Reentry Fair Evaluation Survey](#) (Appendix I) prior to dismissal from the fair.
 - b. The results of the surveys shall be given to the RSU Administrative staff for electronic filing.
- 3. Organization/Vendor Reentry Fair Evaluation.
 - a. Upon the conclusion of the fair, the Reentry Specialist shall provide non-DPSCS organizations who participated in the reentry fair an evaluation of the fair to complete: [DPSCS - Reentry Resource Fair Evaluation](#) (Appendix J).
 - b. The results surveys shall be delivered to the RSU Administrative staff for record keeping purposes.

Incarcerated Individual Resource Fair Survey
<p><i>How Are We Doing?</i></p> <p>Thank you for your participation! We hope this information was helpful. Please complete the following survey.</p>
<p>1. The information provided today was:</p> <p><input type="radio"/> Not helpful <input type="radio"/> Somewhat Helpful <input type="radio"/> Very Helpful</p>
<p>2. What I learned will help me start planning for my reentry back into the community.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>3. What I learned will help me make a plan for when I get out.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>4. What I learned will help me find services and programs I need.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>5. I will recommend this Resource Fair to others.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>6. I think it would be helpful to have more of the following resources (Please check all that apply):</p> <p><input type="radio"/> Housing</p> <p><input type="radio"/> Employment</p> <p><input type="radio"/> Education</p> <p><input type="radio"/> Trade schools</p> <p><input type="radio"/> Medical and Health Services</p> <p><input type="radio"/> Therapeutic/Mental Health Services</p> <p><input type="radio"/> Other _____</p>
<p>7. Is there anything else you'd like to add?</p>

Incarcerated Individual Resource Fair Survey
<p><i>How Are We Doing?</i></p> <p>Thank you for your participation! We hope this information was helpful. Please complete the following survey.</p>
<p>1. The information provided today was:</p> <p><input type="radio"/> Not helpful <input type="radio"/> Somewhat Helpful <input type="radio"/> Very Helpful</p>
<p>2. What I learned will help me start planning for my reentry back into the community.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>3. What I learned will help me make a plan for when I get out.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>4. What I learned will help me find services and programs I need.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>5. I will recommend this Resource Fair to others.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>6. I think it would be helpful to have more of the following resources (Please check all that apply):</p> <p><input type="radio"/> Housing</p> <p><input type="radio"/> Employment</p> <p><input type="radio"/> Education</p> <p><input type="radio"/> Trade schools</p> <p><input type="radio"/> Medical and Health Services</p> <p><input type="radio"/> Therapeutic/Mental Health Services</p> <p><input type="radio"/> Other _____</p>
<p>7. Is there anything else you'd like to add?</p>

DPSCS Community Resource Fair - Vendor Survey
<p><i>How Are We Doing?</i></p> <p>Thank you for your participation in our DPSCS Reentry Resource Fair! We want to hear your feedback so we can keep improving our logistics and content. Please complete this quick survey and let us know your thoughts.</p>
<p>1. How satisfied were you with your overall experience at the fair today?</p> <p><input type="radio"/> Disappointed <input type="radio"/> Somewhat Satisfied <input type="radio"/> Satisfied</p>
<p>2. Are there any challenges we need to address in order to work better together?</p>
<p>3. How satisfied were you with the logistics (e.g. planning, communication, etc.) of this fair?</p> <p><input type="radio"/> Disappointed <input type="radio"/> Somewhat Satisfied <input type="radio"/> Satisfied</p>
<p>4. Do you feel that services or programs you offer support the individuals attending the fair?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>5. Would you recommend our partnership to others?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>6. I think it would be helpful to have more of the following resources at the fair (Please check all that apply):</p> <p><input type="radio"/> Housing</p> <p><input type="radio"/> Employment</p> <p><input type="radio"/> Education</p> <p><input type="radio"/> Trade schools</p> <p><input type="radio"/> Medical and Health Services</p> <p><input type="radio"/> Therapeutic/Mental Health Services</p> <p><input type="radio"/> Other _____</p>
<p>7. What could be improved to make the fair even better?</p>

DPSCS Community Resource Fair - Vendor Survey
<p><i>How Are We Doing?</i></p> <p>Thank you for your participation in our DPSCS Reentry Resource Fair! We want to hear your feedback so we can keep improving our logistics and content. Please complete this quick survey and let us know your thoughts.</p>
<p>1. How satisfied were you with your overall experience at the fair today?</p> <p><input type="radio"/> Disappointed <input type="radio"/> Somewhat Satisfied <input type="radio"/> Satisfied</p>
<p>2. Are there any challenges we need to address in order to work better together?</p>
<p>3. How satisfied were you with the logistics (e.g. planning, communication, etc.) of this fair?</p> <p><input type="radio"/> Disappointed <input type="radio"/> Somewhat Satisfied <input type="radio"/> Satisfied</p>
<p>4. Do you feel that services or programs you offer support the individuals attending the fair?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>5. Would you recommend our partnership to others?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p>
<p>6. I think it would be helpful to have more of the following resources at the fair (Please check all that apply):</p> <p><input type="radio"/> Housing</p> <p><input type="radio"/> Employment</p> <p><input type="radio"/> Education</p> <p><input type="radio"/> Trade schools</p> <p><input type="radio"/> Medical and Health Services</p> <p><input type="radio"/> Therapeutic/Mental Health Services</p> <p><input type="radio"/> Other _____</p>
<p>7. What could be improved to make the fair even better?</p>