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)

Name *

Title or Rank *
Your title and/or Rank

What unit do you represent? *

Phone Number *
+1

Email Address *
joe.jones@maryland.gov

Incarcerated Individual Information

State Identification Number (SID) *

Name *

Date of Birth *
mm/dd/yyyy

Facility *