WINONA COUNTY RE-ENTRY ASSISTANCE PROGRAM APPLICATION FORM

What is WRAP? WRAP is a program that provides **financial assistance** and **case management** to individuals involved with the criminal justice system to help them successfully return to the community and avoid future stays in jail.

Who qualifies for WRAP? Adults who have spent time in the Winona County Jail during the past year or are at risk of being incarcerated, who have identified needs and who are willing to participate in the program qualify for the program. Additionally, all Winona County Treatment Court participants qualify for WRAP. You can participate in WRAP even if you are released from jail, but you must provide accurate contact information (below) so we can reach you.

How can WRAP help me? WRAP can provide financial and other assistance for medical treatment, medications, housing, transportation, education and other similar needs. The benefits you receive will depend upon your identified needs as determined by your case manager.

Your Name: _____
First Middle Last

Permanent Address:_____
Street City State ZIP

Phone: _____ **E-mail Address:** _____

Birthdate: _____ **Gender Identification:** _____ **Ethnicity:** ☐Hispanic ☐Non-Hispanic

Race: ☐American Indian/Alaskan Native ☐Black or African American ☐ White or Caucasian ☐Asian/Pacific Islander ☐ Bi- or Multi-Racial

Criminal/Case Management Involvement (Check all that Apply):

☐ I am a participant in Treatment Court of Winona County (drug court).
☐ I am currently on probation. My probation agent's name is:_____.
☐ I have an active CHIPS (Child in Need of Protective Services Case). My social worker's name is _____.
_____My attorney's name is:_____.
☐ I have an adult mental health case manager. My case manager's name is:_____.
☐ I have spent time in the Winona County Jail in the past year. Date last incarcerated:_____.
☐ I am at risk of being incarcerated because I have been charged with a crime in Court File No.:_____
or for the following reason(s), i.e. probation violation, etc:_____.

I would like assistance with (Check all that Apply):

☐ Housing/Rent	☐ Identification cards (Social Security, birth certificate	☐ Transportation (driver's license, bus pass)
☐ Medical health	☐ Chemical health	☐ Mental health
☐ Health insurance	☐ Education	☐ Employment
☐ Money Management	☐ Food Stamps/Cash Assistance	☐ Legal services
☐ Veteran's Benefits	☐ SSI/SSDI	☐ Other:_____

Check one: ☐ I agree to voluntarily participate in WRAP and would like someone to contact me about the program or ☐ I do not wish to participate in WRAP at this time. (You may re-apply to WRAP if you change your mind).

Signed:_____ Dated:_____

Print Name Here:_____