



# WINONA COUNTY RE-ENTRY ASSISTANCE PROGRAM APPLICATION FORM

Revised 12.1.19

**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, have identified needs (including mental health needs) and who are willing to participate in the program qualify for the program, unless excluded due to a violent offense. Additionally, all Winona County Treatment Court or Veteran's 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:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender Identification:** M / F **Ethnicity:** Hispanic Non-Hispanic

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

**No:**  I do not wish to participate in WRAP at this time. (You may re-apply to WRAP if you change your mind).

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **STOP HERE IF YOU DO NOT WISH TO APPLY FOR THE WRAP PROGRAM**

**Yes:**  I agree to voluntarily participate in WRAP and would like someone to contact me about the program

**Permanent Address:** \_\_\_\_\_

Street

City

State

ZIP

**Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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

- I am a participant in Treatment Court of Winona County (drug court) or Veteran's Treatment 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 am or was represented by the Public Defender's Office. My attorney's name is: \_\_\_\_\_.

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

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

