



WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
COMBINED SCREENER & APPLICATION FORM
Revised 8/23/23

What is WRAP+? WRAP+ is a grant-funded reentry program that assists persons who have been involved with the criminal justice system to help them avoid further involvement in the criminal justice system. WRAP+ provides a case manager who can help people develop a plan and access resources and supports so they can live successfully in the community as well as money to pay for certain expenses that are a part of a person's case plan. Some of the common things that a re-entry program can assist people with include housing, health insurance, chemical dependency and mental health assessment and treatment, transportation and getting ID cards and birth certificates. Participation in WRAP+ is voluntary.

Your Name: _____

First Middle Last

Birthdate: ____/____/____ Gender Identification: [] Male [] Female Ever in Military? [] Yes [] No

Ethnicity: [] Hispanic [] Not Hispanic Race: [] White [] Black [] Amer. Indian/Alaskan Native [] Asian [] Multi-Racial

NOTE: ALL PERSONS BEING BOOKED INTO THE JAIL MUST COMPLETE PAGES 1-3, REGARDLESS OF WHETHER THEY WANT TO APPLY FOR WRAP+.

Answers to the risk, drug and mental health screens will be used to determine eligibility for WRAP+, for WRAP+ data reporting requirements and (for incarcerated persons) to determine further medical needs.

Answers WILL NOT BE USED to generate additional charges or probation violations.

Risk Screen- Ohio Risk Assessment System - Community Supervision Screening Tool (ORAS-CSST)

A score of 3 or more (male) or 4 or more (female) indicates high risk. High risk status is needed to qualify for WRAP+

1. How many prior adult felony convictions have you had?

- [] None (0 points)
[] One or two (1 point)
[] Three or more (2 points)

2. What is your current employment status?

- [] Employed full-time, disabled or retired (0 points)
[] Not employed or employed part-time (1 point)

3. Are drugs readily available in your neighborhood?

Explanation: How easy would you say it is to get drugs in your neighborhood?

- [] No, generally not available (0 points)
[] Yes, somewhat available (1 point)
[] Yes, easily available (2 points)

4. What percentage of your close friends are involved in criminal behavior?

- [] None (0 points)
[] Some (1 point)
[] Majority/Most (2 points)

TOTAL POINTS: _____



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Mental Health Screen—Brief Jail Mental Health Screen

A score of 2 or more indicates the need for further assessment.

	QUESTIONS	NO	YES	Comments
1.	Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?	<input type="radio"/>	<input type="radio"/>	
2.	Do you <i>currently</i> feel that other people know your thoughts and can read your mind?	<input type="radio"/>	<input type="radio"/>	
3.	Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?	<input type="radio"/>	<input type="radio"/>	
4.	Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?	<input type="radio"/>	<input type="radio"/>	
5.	Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?	<input type="radio"/>	<input type="radio"/>	
6.	Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?	<input type="radio"/>	<input type="radio"/>	
7.	Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?	<input type="radio"/>	<input type="radio"/>	
8.	Have you <i>ever</i> been in a hospital for emotional or mental health problems?	<input type="radio"/>	<input type="radio"/>	

Other important information (if any):

Total number of YES answers for 1-6: _____

Number of YES answers to 7 or 8: _____

To qualify for WRAP+, an application must have

- ◆ A YES to item 7; OR
- ◆ A YES to item 8; OR
- ◆ A YES to at least 2 of items 1 through 6

Drug Screen—Texas Christian University Drug Screen V—TCUDSV

A score of 2 or more indicates the need for further assessment.

During the last 12 months (before being locked up, if applicable)

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you try to control or cut down on your drug use but were unable to do it? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a strong desire or urge to use drugs? | <input type="radio"/> | <input type="radio"/> |
| 5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| 6. Did you continue using drugs even when it led to social or interpersonal problems? | <input type="radio"/> | <input type="radio"/> |
| 7. Did you spend less time at work, school, or with friends because of your drug use? | <input type="radio"/> | <input type="radio"/> |
| 8. Did you use drugs that put you or others in physical danger? | <input type="radio"/> | <input type="radio"/> |
| 9. Did you continue using drugs even when it was causing you physical or psychological problems? | <input type="radio"/> | <input type="radio"/> |
| 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? | <input type="radio"/> | <input type="radio"/> |
| 10b. Did using the same amount of a drug lead to it having less of an effect as it did before? | <input type="radio"/> | <input type="radio"/> |
| 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? | <input type="radio"/> | <input type="radio"/> |
| 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? | <input type="radio"/> | <input type="radio"/> |

Other important information (if any):

IF YOU WISH TO APPLY FOR WRAP+ SERVICES AND FUNDING, TURN THE PAGE AND CONTINUE. IF NOT, SIGN AND DATE BELOW



I do not wish to apply for WRAP+ at this time. I understand that I can re-apply at any time, but must complete the screening forms again.

Date: _____ Signature: _____



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APPLICATION FOR WRAP+ (Page 1)

NAME: _____
First Middle Last

Mailing Address: _____
Street City State ZIP

Cell Phone: (____) _____ E-mail Address: _____

Home phone:(____) _____ Work phone:(____) _____ ext. _____

Preferred method of contact (check one): [] cell phone text or call [] home phone [] work phone [] e-mail
DO NOT CONTACT ME at [] cell phone [] home phone [] work phone [] email (check all that apply).

TYPE OF ASSISTANCE NEEDED: Please tell us what kind of help you would like to receive from WRAP+. Check all of the following that apply to you:

- [] Housing/rent
[] Mental health services (including assessments)
[] Employment
[] Substance use services (including assessments)
[] Health insurance
[] Education
[] Identification cards (including birth certificate)
[] Veteran's benefits
[] Medical health services
[] Transportation (including getting a driver's license).
[] Income support (including applying for cash benefits or disability)
[] Other—describe: _____

Most important: What are the TWO most important things that you need help with right now?

TYPE OF OFFENSE: Due to program restrictions, persons who have been charged with or convicted of certain crimes are not eligible to participate. Please check all of the following that apply to you:

- [] I have been charged with or convicted of murder.
[] I have been charged with or convicted of assault with intent to commit murder or assault in the 1st degree.
[] I have been charged with or convicted of criminal sexual conduct.
[] I have not been charged with any of the above crimes.



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APPLICATION FOR WRAP+ (Page 2)

NAME:

First Middle Last

RESIDENCY: Due to program restrictions and service availability, WRAP+ can only serve residents of Winona County. Please check the one that best describes your situation:

I am a resident of Winona County and my permanent address is:

Street address City State ZIP

I am homeless and consider myself to be a resident of Winona County.

I currently reside in another County in (Name of State) but plan to establish residency in Winona County by (month/year).

I am not a resident of Winona County and do not plan to become a resident of Winona County.

Other-explain:

CRIMINAL JUSTICE INVOLVEMENT: WRAP+ serves individuals who have involvement with the criminal justice system at the time of application. Please check all of the following that apply to you:

I was arrested within the past year.

I was charged with any state or federal crime in any jurisdiction within the past year (NOTE: this does not include petty misdemeanors).

I have pending criminal charges (NOTE: this does not include petty misdemeanors).

I was an inmate in any state or federal custodial facility (such as jail or prison) or other comparable locked facility (such as a secure medical facility) within the past year.

I am subject to terms of court supervision or probation from a criminal matter.

I was the suspect or a potential victim for a law enforcement call for service within the past year.

I was the subject of a welfare check by law enforcement within the last year..

I was screened for civil commitment within the past year.

I was the subject of a child in need of protective services (CHIPS) investigation or was a party or participating in a CHIPS court case within the past year.

I am the protected party of a harassment restraining order, an order for protection or a domestic abuse no contact order OR am the person against whom one of those orders was issued.

I am a participant in treatment court or veteran's court or have been a participant within the past year.

Other involvement—please describe:

AGREEMENT TO PARTICIPATE: By my signature below, I agree to participate in WRAP+. I give permission for WRAP+ staff to determine my eligibility for the program (including accessing my criminal history and/or most recent bail evaluation) and to use my answers (but not my name) for grant reporting purposes. I further agree to be referred to Hiawatha Valley Mental Health Center for further evaluation and case management, if eligible.

Signature

Printed Name

Date