



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
TARGET POPULATION VERIFICATION FORM**

Revised 8/22/23

(to be completed by the Jail Intake Worker)

Applicant Name: _____

Mailing Address: _____

DOB: _____ **Age:** _____ **Gender ID:** Male Female **MNI:** _____

Phone: (_____) _____ Cell Home **E-mail:** _____

Criteria	Notes:	Yes	No
Age Verification: Is applicant age 18 years or older?		<input type="radio"/>	<input type="radio"/>
Risk Level			
Risk Level: Is risk of recidivism medium to high? • ORAS-CSST score of 3 (male) or 4 (female)	ORAS-CSST Score: _____	<input type="radio"/>	<input type="radio"/>
Mental Illness or Co-occurring MI and Substance Abuse • BJMHS score of 2 on items 1-6 or YES to 7 or 8	BJMHS Q1-6 Score: _____ Question 7: _____ Question 8: _____	<input type="radio"/>	<input type="radio"/>
Drug: Not scored for WRAP+ eligibility • TCUDS-V score of 2-3 (mild)	TCUDS-V Score: _____		
Criminal Justice Involvement As of date of application, applicant was: 1. Arrested within past year 2. Charged with a crime within past year 3. Has pending criminal charges 4. Incarcerated within past year 5. On court supervision/probation 6. Suspect/victim in call for service within past year 7. Subject of welfare check w/in past year 8. Screened for civil commitment within past year 9. Subject of CHIPS investigation/case w/in past year 10. Projected party/subject of OFP/HRO w/in past year 11. Specialty court participant within past year 12. Other: _____	1. Date of arrest: _____ 2. Date of charge or file no.: _____ 3. Court file no: _____ 4. Date last incarcerated: _____ 5. Probation Officer: _____ 6. Date/location: _____ 7. Date/location: _____ 8. Date/location: _____ 9. Date/location: _____ 10. Date/location: _____ 11. Court: _____ 12. Notes: _____	<input type="radio"/>	<input type="radio"/>
Residency 1. Has a permanent in address in Winona County 2. Homeless & intends to stay in Winona County 3. Residing elsewhere, but plans to move w/in 3 mos	1. Check if applicable: _____ 2. Check if applicable: _____ 3. Check if applicable: _____	<input type="radio"/>	<input type="radio"/>
Voluntary Participation Did client complete and sign application?	Date signed: _____	<input type="radio"/>	<input type="radio"/>
Type of Offense (Must be non-violent) NO excludable criminal offenses or charges?	Answer YES if criminal history is clear; if no, specify offense _____	<input type="radio"/>	<input type="radio"/>
Client rejected: <input type="checkbox"/> Refer for override: Yes No	Client accepted: <input type="checkbox"/>		
Reason for rejection: _____	Client notified on _____		
Notification provided to client: _____	Referral to JSW or HVMHC (circle one) on _____		

Target Population Verification done on _____ by _____