

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: _____



**WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
COMBINED SCREENER & APPLICATION FORM**
Revised 12/27/23

RISK ASSESSMENT (Risk and Needs Triage-RANT®)

Persons needing assistance to complete this section should contact Katie Schild, Criminal Justice Social Worker at 507-457-6483 or kschild@co.winona.mn.us.

1. Current Age _____
2. Homeless during the past 12 months? Yes No
3. Number of address changes during the past 12 months? _____
4. Number of months in past 12 months engaged in regular legal employment for 20 or more hours per week _____ or Not Applicable (if retired or disabled)
5. Age of onset of criminal activity _____
6. Number of prior diversion programs or de novo referrals _____
7. Number of prior deferred prosecutions _____
8. Number of bench warrants for failure to appear in past 3 years _____
9. Number of prior felony convictions _____
10. Number of prior serious misdemeanor convictions _____
11. Number of other misdemeanor convictions _____
12. Age of onset of regular substance use _____ Not Applicable (no substance use)
13. Number of prior substance abuse treatment episodes or attempts _____
14. Withdrawal syndrome in the past 12 months Yes No
15. Binge use and loss of control in the past 12 months Yes No
16. Cravings or compulsions in the past 12 months Yes No
17. Chronic substance abuse-related medical condition Yes No
18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including drug use: none / a little / some / most / almost all (pick one)
19. Major Axis I mental health diagnoses Yes No



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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