WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
TARGET POPULATION VERIFICATION FORM
Revised 12/30/23
(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?		○	○
Risk Level			
Risk Level: Is risk of recidivism medium to high? • RANT Score of High Risk	HR/HN HR/LN LR/HN LR/LN	○	○
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:_____	○	○
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:_____	○	○
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:_____	○	○
Voluntary Participation Did client complete and sign application?	Date signed:_____	○	○
Type of Offense (Must be non-violent) NO excludable criminal offenses or charges?	Answer YES if criminal history is clear; if no, specify offense_____	○	○

Client rejected: □ **Refer for override:** Yes No **Reason for rejection:**_____ **Notification provided to client:**_____	**Client accepted:** □ **Client notified on** _____ **Referral to JSW or HVMHC** (circle one) **on** _____

Target Population Verification done on_____ by _____