## Referral for Reentry Support Services through Forensic Case Management

This referral is a tool to identify projected needs an individual will face when reentering society from an institutional setting after a period of incarceration. While assessment and planning is limited to Potter County residents, additional help is available to link individuals with services unique to their home area.

<u>Individ</u>	uals Name:		
Current	location of indi	<u>vidual:</u>	
Project	ed date of depart	ure/reentry/discharge:	
Person/	Institute/Office 1	making referral:	
Contact	t information of	Person/Institute/Office making referral:	
Reason	for referral (ch	eck all suspected needs):	
	General need for	or support systems	
	Family stabilization		
	Job skill develo	Job skill development	
	Public Assistance (medical, disability, foodetc.)		
	Drug and Alcohol counseling appointment(s)		
	Mental Health counseling appointment(s)		
	Medical Health appointment(s)		
	Transportation for appointment(s)		
	Housing		
	Employment		
	Other:		
_	ough regular pos	form can be picked up at your location; it can be faxed, scanned and emailed, or st. An assessment will be completed and a determination made of services needed	
Pick up	at your location	2: Notify Forensic Case Manager- Pat Harris (814)230-0561 and leave voice or text message	
<u>Fax:</u>		Attention Reentry Specialist- Pat Harris (814)544-9062	
Scanne	d and email:	2start1again@gmail.com	
<u>Post:</u>		Attention Reentry Specialist- Pat Harris, Potter County Human Services: 62 North Street, PO Box 241; Roulette, PA 16746-0241	