

**Cover Letter**

Dear :

This survey requests information about your organization/agency’s role in the serving of those transitioning from jail to the community and their families. This survey is being distributed to all agencies that work with or have potential to work with the incarcerated population and their families in the \_\_\_\_\_ area. Your participation is vital in providing information about your agency’s role in your community and how it affects the reintegration of these individuals. This information will be used to develop resource guides that list social services and support information in the \_\_\_\_\_ for those returning from jail and their families. The guide will also be available at social agencies, in the waiting and visiting room in the jail, at halfway houses and anywhere that would make it accessible for relevant populations.

Please take ten minutes to complete this survey, and return it in the enclosed postage-paid envelope by \_\_\_\_\_. If you have any questions about the survey, contact .....

Sincerely,

**Questionnaire\*\***

**1. Do you serve those *returning from jail or prison*?** *Write an X in one box.*

Yes → Skip to question 3.

No

Don’t know

**2. Do you explicitly limit your services to individuals without a criminal history?**

*Write an X in one box.*

Yes → Skip to question 12.

No

Don’t know → Skip to question 12.

**3. Do you identify/classify people returning from jail or prison as such in your records?** *Write an X in one box.*

Yes

No

Don’t know

**4. What services do you offer people *returning from jail or prison*? Write an X in each box that applies.**

- case management
- drug and alcohol counseling
- drug and/or alcohol treatment
- employment services
- life-skills training
- education/literacy assistance
- emergency food/clothing/shelter
- self-help support group
- mentoring
- religious ministry
- tangible aid (food/clothing)
- housing assistance
- medical treatment and/or assistance
- mental health treatment and/or assistance
- parent/family counseling
- psychological assistance
- financial planning
- legal assistance
- violence prevention/conflict resolution training
- anger management training
- other (please specify)

**5. To what extent do you agree or disagree that people *returning from jail or prison* need the same services as the majority of your other clients. Write an X in one box.**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

No opinion

**6. Approximately what percentage of your clients are people *returning from jail or prison*?**

\_\_\_\_\_ percent

Don't know

**7. Do you market your services to people *returning from jail or prison*? Write an X in one box.**

Yes

No

Don't know

**8. Do you receive clients that are court-ordered to obtain your services? Write an X in one box.**

Yes

No

Don't know

**9. From what geographic area(s) do you draw the majority of your clients?**

\_\_\_\_\_  
\_\_\_\_\_

**10. To what extent do you agree or disagree that people *returning from jail or prison* come from same geographic area(s) as the majority of your other clients. Write an X in one box.**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

No opinion

**11. Do you receive monies targeted toward serving people *returning from jail or prison*? Write an X in one box.**

Yes

No

Don't know

**12. What is the name of your organization?**

\_\_\_\_\_

**13. What is/are the street address(es) of your organization?**

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

**14. If you have specific programs which would help people *returning from jail or prison*, what are the names of those programs (attach additional sheets if necessary)?**

\_\_\_\_\_  
\_\_\_\_\_

**Services Provided:** \_\_\_\_\_

**Program Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Web site Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Program's Days and Hours:** \_\_\_\_\_

**Appointment Required:** \_\_\_\_\_

**Referral Required:** \_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Eligibility Requirements:** \_\_\_\_\_

**Program Exclusion:** \_\_\_\_\_

**Space Availability:** \_\_\_\_\_

**Documents Required:** \_\_\_\_\_

**Fee Structure:** \_\_\_\_\_

**Thank you for your participation. Please fax, mail, or e-mail to:**

\*\* Adapted from Department of Human Services' plan to support the needs of offenders returning from prison and jail to Allegheny County, Pennsylvania.