



TURN ABOUT PROGRAM (TAP)

A PROGRAM OF ALTERNATIVE DIRECTIONS, INC.

2505 NORTH CHARLES STREET

BALTIMORE, MARYLAND 21218

410.889.5072

OFFICE HOURS: M-F 8:30 AM TO 5:00 PM

The Turn About Program (TAP) has been in existence for over 9 years. It was originally designed by ex-offenders with the knowledge of what was needed for recovery and successful re-entry into the local community. The program has had over 70 graduates. 90% of graduates remain sober, productive, and out of prison, a number way more impressive than most programs.

TAP provides transitional services to women leaving prison on parole. Women with a substance abuse history enter a drug treatment program at Tuerk House, just as they exit prison and enter our program. They continue in our program for another 12 months while living at a transitional housing program. Our TAP clients report to Alternative Directions, Inc. for comprehensive case management services on a weekly basis (usually three times/week). The women receive mental health treatment, including trauma care, life skills, workforce development training, and family reunification (i.e. reunite with children, brothers, sisters, parents). The initial months in the program emphasize recovery, rather than employment. This program is based in Baltimore City and utilizes Baltimore City programs.

TAP requirements include:

- Must Commit to Program for one (1) year
- Must Enter Transitional Housing upon release and stay six (6) months to one (1) year
- Must Be Compliant with all Parole Requirements
- Must Attend Goal Related Meetings, Events, and/or Trainings three (3) Times Each Week
- Must Meet with Case Manager at Least Twice Each Week

*Mr. Roger D. Larson, MGA/HCA
Executive Director*

*Ms. Rachel Kirby, Director
Comprehensive Case Manager*



FOR TAP APPLICANT TO KEEP

Alternative Directions, Inc. Turn About Program (TAP) Application Form

This is an individualized program and the information you provide is used to help our staff understand your needs. After you complete this application, you will be interviewed by a TAP case manager. During the interview, you and the case manager will discuss your rights and responsibilities of participating in TAP. **Please print and be clear and detailed with all your answers. Be sure to fill out the application completely. If this application is not filled out completely it will delay your interview and/or approval for this program.**

Please sign your name and numbers and return to TAP staff only. This form must be completed separately from the rest of your application.

Signature: _____ DOC #: _____ SID#: _____

Date: _____

Thank You,
Mr. Roger D. Larson, MGA/HCA
Executive Director

Ms. Rachel Kirby, Director
Comprehensive Case Management

ALTERNATIVE DIRECTIONS, INC.
2505 NORTH CHARLES STREET
BALTIMORE, MARYLAND 21218
(Please Print)

Name: _____ DOC#: _____ Date: ____/____/20____

Home Address: _____ Zip code: _____

DOB: ____/____/20____ SS#: ____-____-____ Race: _____

Age: _____ Marital Status: S D W Sep (Circle One)_____

The TAP is available for inmates who are being considered for parole. TAP commits to provide accepted applicants with transitional services, counseling, and community resources. You will be asked to sign a one-year commitment and agree to provide Alternative Directions Inc. with necessary data on your progress.

Part 1: YOUR NEEDS

TO WHAT DEGREE DO YOU NEED HELP? (check one in each row)

SERVICES	NO NEEDS	SOME NEEDS	GREAT NEEDS
Finding A Job			
Finding Housing			
Drug/Alcohol Treatment			
Mental Health Counseling			
Sexual Trauma Counseling			
Absolute Divorce			
Owe Child Support			
Health Issues			
Educational Needs (GED?)			
Money Issues			
Family Problems			
Transportation Issues			
Civil Legal Issues			
Birth Certificate			
Social Security Card			

HOME PLAN: Write the address and telephone number of your Home Plan location below. When/if you are accepted, make sure your Home Plan is secure. A staff from ADI will ask your Home Plan person to support you for the time you are in recovery. The ADI staff will visit your home site to make sure your Home Plan is secure.

ADI CASE MANAGEMENT PROCESS FOR TAP

Full Name: _____ Current Charges: _____

(If VOP, what was original charge): _____

Do you have a victim impact? Yes No _____

Date of Incarceration: ____/____/20____ Total Sentence Length: _____

Security Level: _____ Parole Status: _____

MSR Date: ____/____/20____ As of: ____/____/20____

What is your educational level? less than high school; some high school; graduated HS; GED; some college; vocational training; college graduate; some graduate or higher

If you a high school graduate what year? Date: ____/____/20____

If you have earned a G.E.D., what year? Date: ____/____/20____

Have you taken the G.E.D. test before? Yes No How many times? ____ Date: ____/____/20____

Are you willing to finish your G.E.D. classes as a requirement? Yes No

Do you have any skilled training? Yes No What skill(s)? _____

Describe the skilled training: _____

TAP STAFF USE ONLY (BELOW THIS POINT ON THIS PAGE):

ARREST HISTORY

Number of prior arrest: 0-2 3-5 6-10 11-15 20+

Have you ever been convicted of a violent offense? yes no

Please tell us about your previous charges and/or arrests.

	Charge / Arrest	Convicted?	Sentence Length	Facility	Time Served
1					
2					
3					
4					
5					
6					
7					
8					

Space for additional information if needed:

DRUG & ABUSE HISTORY

What drugs have you used? _____

How old were you when you started? _____ Drug of Choice: _____

Have you ever attended an inpatient recovery program? Yes No

Have you ever attended A/A or N/A meetings? Yes No How many? _____

Are you willing to attend an inpatient recovery program? Yes No

Have you ever been in an abusive relationship? Yes No If Yes: Physical? Sexual? Both?

Were you assaulted as a child/youth? Yes No If Yes: Physical? Sexual? Both?

Would you like to have counseling for this abuse? Yes No If Yes: Physical? Sexual? Both?

When you are released from prison, will you encounter anyone who has previously assaulted you?
Yes No Only if it is by chance

Have you had problems with drugs/alcohol in the past? Yes No Most Recent Date: ___/___/20___

Why do you think you started using drugs? _____

How has drugs/alcohol affected your life?

Do you feel that you still have problems? Yes No

TAP STAFF USE ONLY (BEYOND THIS POINT):

HEALTH/SOCIAL

How is your physical health at this present time? poor unsatisfactory satisfactory good

Do you have any major medical issues? Yes No What? _____

Have you ever sought treatment for your medical issues? Yes No

Do you feel the medical treatment was effective? Yes No If no, why? _____

Would you like to seek more medical treatment in the future? Yes No

Are you taking prescribed medications? Yes No If yes, Please list your major medical issues and prescription drug information below:

Have you ever sought treatment for any issues regarding your mental health? Yes No If so, what? Please explain:

Do you feel the treatment for mental health was effective? Yes No If no, why?

	Diagnoses	Prescription	Daily Dosage	Have not received treatment
1				
2				
3				
4				
5				
6				
7				
8				

BLANK PAGE

Please describe your relationship with child (ren). Do you have any child (ren)? What is your current relationship with your child (ren) like? Did you live with your child (ren) in the past? Are you planning on living with them in the future? Have they ever been in foster care? Has Child Protective Services ever been involved? Do you have any concerns or hopes regarding your child (ren)? Do you need family civil legal help with getting custody of your child (ren) back?

	Name	Age	Birth date	Who has custody? Relationship to child.	Have you ever been asked to pay child support?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Will you be caregiver to children other than your own? Yes No If yes, Please Explain.

	Name	Age	Sex	Do you have custody?	Who are the parents?	Relation to you
1						
2						
3						
4						
5						
6						

Space for additional information if needed:

EMPLOYMENT HISTORY

Please provide us with your employment history. Is there a type of work or career that you think you would enjoy more than others?

	Position	Company	Length of employment (mm/dd/yr) to (mm/dd/yr)	Reason for leaving
1				
2				
3				
4				
5				

What do you like to do for recreation? Do you have any hobbies or activities that you particularly enjoy?

Do you have a religion or philosophy that you follow? Do you feel that your belief system helps you?

ALTERNATIVE DIRECTIONS, INC. AGREEMENT FOR TURN ABOUT PROGRAM

Please initial each line and sign at the bottom.

I, _____, understand that being accepted into the Turn About Program means a one-year commitment to Alternative Directions, Inc. and the programming that it offers.

I, _____, understand that by making this commitment I may be part of a study that provides information about the success or the failure of women leaving prison with transitional support.

I, _____, understand that I also have to report to Parole and Probation until my parole officer releases me.

I, _____, also understand that I have to abide by any regulations that are given to me by the Parole and Probation Department.

I, _____, understand that if I have any problems that TAP can help me with, I will **IMMEDIATELY** contact them. This will help me continue my success in the program.

I, _____, understand that even after I am released from Parole and Probation, I will still have the commitment to TAP until the end of the one year period.

I, _____, understand that TAP staff is responsible to report any infractions that I commit to the Parole and Probation Department.

I, _____, realize that by signing this form, I am committing to complete all of the programs that TAP requires me to follow.

I, _____, must participate in the TAP program as directed.

I, _____, understand that if I move and/or get a new phone number, I must provide my new contact information to TAP immediately.

I, _____, understand that TAP staff will review my home plan and will visit my home, sometimes on planned visits and sometimes unplanned visits.

Name (printed): _____

Signature: _____ DOC#: _____ SID#: _____ - _____ - _____

Date: ____/____/20____ Witness: _____

Alternative Directions, Inc.
2505 North Charles Street
Baltimore, Maryland 21218
(410) 889-5072

**THIS IS TO BE FILLED OUT ONLY BY INDIVIDUALS GOING
INTO TUERK HOUSE FOLLOWED BY A SIX-MONTH
TRANSITIONAL HOUSING PROGRAM.**

I, _____, realize by signing this statement that I agree to
commit to a transitional house best suited for my needs upon release from Tuerk
House.

Name (printed): _____

Signature: _____

Date: ____/____/20____

Witness: _____

CONTACT INFORMATION

Please Print. List three to four relatives.

1. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

2. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

3. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

4. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

Please Print. List three to four Closet Friends, Spouse, Partner, Etc...:

5. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

6. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

7. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

8. Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____-_____ Cell Number: (____) _____-_____

DO NOT WRITE BELOW: MCIW CASE MANAGER USE ONLY

**TAP PARTICIPANT INFORMATION
FOR PC MEMO**

Client Name: _____

DOC #: _____ SID: _____

Length of Time for Current Charge (include date when she began serving):

Present Charge (e.g.: V.O.P-Why? or P.W.I.D-drug?):

Parole Hearing Date and Status:

Work Assignment/Education (include date when assignment began): ____/____/20____

The present charge is the client's _____ major incarceration.
(number)

Client's mandatory release date: ____/____/20____

Educational Placement Testing Score: _____

Skill Group: _____

