

### **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 10 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 (such as 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 two 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/re-entry, 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



## 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,		

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

Name:	DOC#:	Date:	/20
Home Address:		Zip c	ode:
DOB:/20	SS#:	Race:	
Age: Marit	tal Status: S D W Sep	(Circle One)	
The TAP is available for accepted applicants with the asked to sign a one-year necessary data on your property of the state of the stat	transitional services, cor r commitment and ag	ounseling, and commu	nity resources. You
TO WHAT DEGREE DO	YOU NEED HELP? (ch	eck 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			

### **ADI CASE MANAGEMENT PROCESS FOR TAP**

(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
Date of Incarceration://20 Total Sentence Length:  Security Level: Parole Status:
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 <u>year?</u> 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):
Page

**TAP Application** 

AR	REST 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):

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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?
Uava not received

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

### **PERSONAL HISTORY**

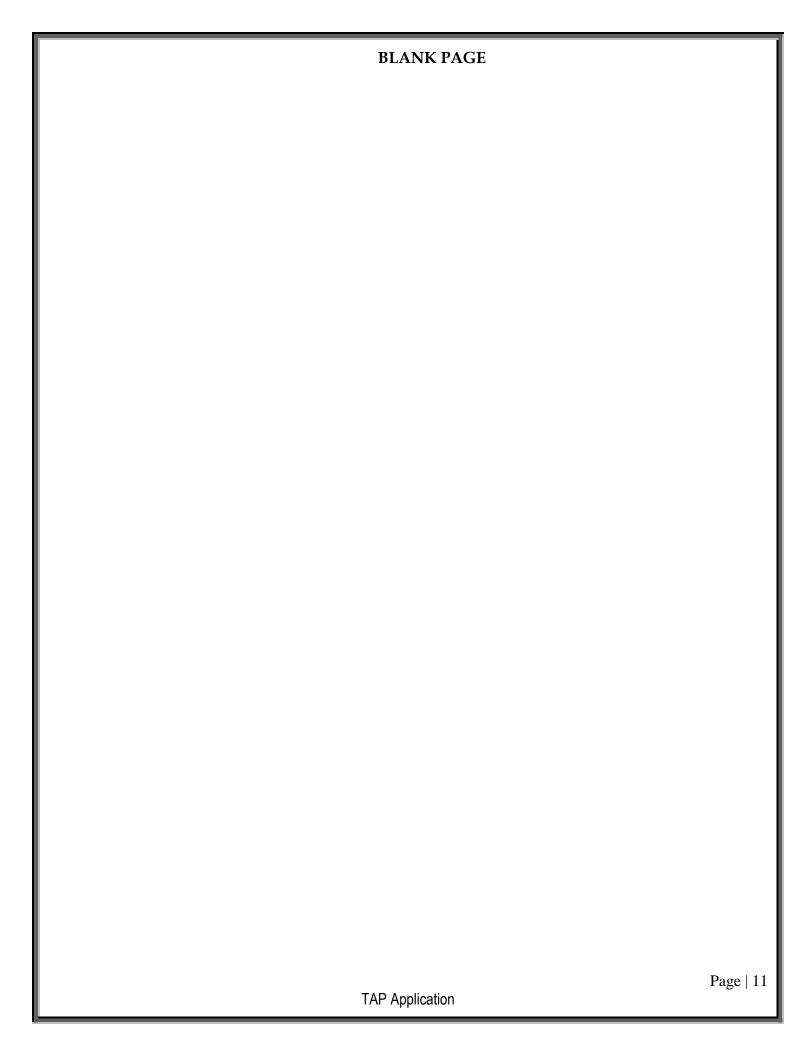
PLEASE ANSWER THE FOLLOWING QUESTIONS WITH AS MUCH DETAIL AS YOU FEEL COMFORTABLE. THE PURPOSE OF THESE QUESTIONS IS TO HELP US GET TO KNOW YOU BETTER. ALL ANSWERS WILL BE KEPT CONFIDENTIAL.

Describe your family life as you grew up. Where did you live? Did you move around a lot as a child? What were your mother and father like? Did you live with your parents or other family member(s)/ guardian? How many siblings do you have? What was your home environment like? Did you feel this was a good place to grow up? Was there anything in your home environment that you did not like? Did you feel safe there? Have your feelings changed? What is your current relationship like with your family? What kinds of injuries did you have to endure while growing up?

PLEASE USE REVERSE SIDE FOR MORE SPACE

Additional space to describe your family life in which you grew up.				

lease describe your education. Did you enjoy school? If so, what did you enjoy about school? If you do not enjoy school: why not? What type of grades did you get in school? Did you quit school before aduation? If you quit school before you graduated, why did you quit? What was the highest grad ou completed? Do you want to go back to school or earn an additional degree in the future?						



Describe your current or previous relationship (s). Are you married? Do you have a partner or significant other? Are you Separated or Divorced? Are you happy with your marital status these days? What is your relationship like with your spouse/partner? Do you feel that it is positive and supportive? How do you feel about your past relationships? Have you ever been in a relationship that was not positive and supportive? Do you feel safe in your current relationships? Have you ever been in a relationship when you did not feel safe, either emotionally, physically or sexually? If you could change something about your current relationship, what would it be?
PLEASE USE REVERSE SIDE FOR MORE SPACE

Additional spac	Additional space to describe current or previous relationship(s).					
Do you have relationships as relationship.	friends that a nd immediate	re important t family that yo	to you? Is to ou turn to fo	here someone or support? If	outside you so, please de	ır romanti escribe thi

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

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

<u>EM</u>	PLOYMENT HISTORY			
	ase provide us with your uld enjoy more than othe		s there a type of work or care	er that you think you
	Position	Company	Length of employment (mm/dd/yr) to (mm/dd/yr)	Reason for leaving
1				
2				
3				
4				
		recreation? Do you hav	ve any hobbies or activities	that you particularly
enj	oy?			
Da	vou have a religion or	shilocophy that you fo	llow? Do you fool that your	haliaf cyctam halma
you		omiosophy mat you 10	llow? Do you feel that your	bener system neips

Please use this space to provide us with additional information that you would like to share with our staff. Remember that this informational packet is for ADI staff only. <b>DO NOT GIVE IT TO ANYONE BUT ADI TAP STAFF.</b>
ANTONE DOT ADITAL STALL.
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# 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 programing 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 <b>IMMEDIATELY</b> 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:/ 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,, commit to a transitional house best House.	, ,	<u> </u>
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: ()						
4.	Full Name:						
	Address:						
	City:		State:	Zip: _			
	Home Phone: ()	_	Cell Number: (	)	-		
	Print. List three to four Clos	_					
<b>ase</b> :	Print. List three to four Clos						
	Print. List three to four Close Full Name: Address:						
	Print. List three to four Close Full Name: Address: City:		State:	Zip: _			
	Print. List three to four Close Full Name: Address:		State:	Zip: _			
	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name:		State: Cell Number: (	Zip: _			
5.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address:		State: Cell Number: (	Zip: _			
5.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address: City:		State: Cell Number: ( State:	Zip:Zip:Zip:Zip:			
5.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address:		State: Cell Number: ( State:	Zip:Zip:Zip:Zip:			
5.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()  Full Name: Full Name:		State:State:State:State:State:State:State:State:State:State:State:	Zip:Zip:Zip:Zip:			
5. 6.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()		State: Cell Number: ( State: State: Cell Number: (	Zip:Zip:Zip:Zip:			
5. 6.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: City:		State:State:State:State:State:State:State:State:State:State:State:State:	Zip:Zip:Zip:Zip:			
5. 6.	Print. List three to four Close  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()  Full Name: Address: City: Home Phone: ()		State:State:State:State:State:State:State:State:State:State:State:State:	Zip:Zip:Zip:Zip:			
5. 6.	Full Name: Address: City: Home Phone: () Full Name: Address: City: Home Phone: () Full Name: Address: City: Home Phone: () Full Name: Home Phone: () Full Name: Address: City: Home Phone: ()		State:	Zip:Zip:Zip:Zip:			
5. 6. 7.	Full Name: Address: City: Home Phone: ()		State:	Zip:Zip:Zip:Zip:			
5. 6. 7.	Print. List three to four Close  Full Name:		State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:	Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:			

### DO NOT WRITE BELOW: MCIW CASE MANAGER USE ONLY APPLICANT GO TO NEXT PAGE

### TAP PARTICIPANT INFORMATION FOR PC MEMO

Client Na	me:
DOC #: _	SID:
Length of	Time for Current Charge (include date when she began serving):
	harge (e.g.: V.O.P-Why? or P.W.I.D-drug?):
Parole He	aring Date and Status:
Work Ass	ignment/Education (include date when assignment began):/20
The prese	nt charge is the client's major incarceration.
Client's m	andatory release date://20
Education	al Placement Testing Score:
	Skill Group:

# AUTHORIZATION FOR RELEASE OF INFORMATION TO ALTERNATIVE DIRECTIONS, INC.

I,			/_	/20
Last name of	First name Mid	dle name	date	of birth
Complete A	Address	,	Social Secur	rity Number
Understand that in ord Directions, Inc. (ADI), i obtain information from come in contact, from v treatment, oversight, or	it may be necessary, f n State and Private A which I have obtained	rom time to time, agencies and Orga	for staff mem anizations with	bers of ADI to which I have
I do hereby authorize a myself to any duly authorize and including those wincluding but not limite consultation and/or treathe US Veteran's Admirinstitutions; State and F the Division of Vital recomposed	horizes agent of ADI, hich may be deemed ed to the records of ed tment, including thos nistration, and all milicederal criminal, motor	whether the said to be of a prividucational institute e of hospitals, clintary tary and psychiatr	records are put leged or confictions; medical a nics, private pra- ric facilities; fin information, an	iblic or private dential nature, and psychiatric actitioners, and ancial or credit
This is to certify that I he request during my partic	-	-	rmation to AD	I that they may
A photocopy of this rel photocopy does not cont		•		hough the said
TAP Participant's Sig	gnature	/	/20 Date	
Print Name			Witness	