

Prison to Employment Questionnaire

290 North D Street, Suite 600 San Bernardino, CA 92415 (909) 387-9859

East Valley AJCC 500 Inland Center Drive, Sp. 508 Inland Center Mall San Bernardino CA 92415 High Desert AJCC 17310 Bear Valley Rd, Suite 109 Victorville CA 92395 West Valley AJCC 9650 9th Street, Suite A Rancho Cucamonga CA 91730

Customer Name (First, Middle Initial, Last): _____

Last four (4) digits social security number: _____

INSTRUCTIONS: Complete ALL questions on this form in blue or black ink. Do not use white out. PLEASE PRINT CLEARLY.

	Pr	ison to	Employm	ent (P2E)	Ques	tionnaire			
	IF FORMERLY INCARCERATED, WHAT TYPE OF FACILITY WAS THE SENTENCED SERVED? (please specify most recent)								
1.	Federal Facility	cility			County Facility				
	Penitentiary	State P	rison			County Jail			
	Tribal	Male Co	ommunity Re-En	ntry Program (MCRP)		Alternative Custody Program (ACP) includes home detention and work release			
	Military		/ to Community ⁻ n (CCTRP)	Transition Re-Entry		Local Prison (LP), or felony prison term served in counties under Penal Code 1170(h)(5)			
	Immigration Detention	State Al	ternative Custoc	dy Program (ACP)		County Juvenile Halls or Other Local Juvenile Facilities (JH)			
	Home Detention	Commu	nity Prisoner Mo	ther Program (CPMP)		Division of Juvenile Justice (DJJ)			
	Not Applicable (N/A) Skip	to question	n #3						
	POST RELEASE CLASSIFICATION								
	Federal Supervision (specify)		State Parole (specify)		County Probation, include Post Release Community Supervision (PRCS) (<i>specify</i>)				
2.	Federal Probation (FP)		Residential Programs		Post release Community Supervision (PRCS)				
	Federal Supervised Release (FSR)		Outpatient and Drop-In Programs		Fully discharged, not under any post- release supervision				
	JUSTICE-INVOLVED/ACTIVE COUNTY SUPERVISON (please specify)								
	State Parole	County Mandatory S			Supervision				
3.	County Informal Probatio	County Other Divers			sion Program				
	County Probation, but no	County Post Relea		t Releas	se Community Supervision (PRCS)				
	County Deferred Entry to	Other:							
STAF	FUSE: OFFENDER VERIFIC	ATION							
Pol	ice records		Applicant s	tatement/self-atte	estation,	in limited cases w/County approval			
				Self-Certification, in limited cases w/County approval					
	fway house resident		Telephone Verification						
Let	ter of parole	Documentation in Case File							
🗌 Let	Letter from probation officer			Other Applicable Documentation (specify)					
4.	YEAR RELEASED FROM C	YEAR RELEASED FROM CUSTODY (most recent):							
5.	TOTAL TIME INCARCERAT	OTAL TIME INCARCERATED (lifetime): Years (0-60) Months (0-11)							
6.	TOTAL NUMBER OF OFFENSES (lifetime):								



Customer Name:

ST	OP. DO NOT COMPLETE	THIS SECT	TION UNTIL	IN THE PRESENCE OF SB CO	UNTY STAFF		
form. I certify under subject to verification	penalty of perjury all of the	e above infor n of any item	mation is tru	ormed of and understand the info e and complete. I agree that an or termination from the program	y information I h	ave supplied is	
SIGNATURE OF CUSTOMER: DAT				RENT/GUARDIAN SIGNATURE (If under 18 years old, both istomer and Parent/Guardian must sign form.):			
THIS SECTION TO BE COMPLETED IN FULL BY WIOA STAFF ONLY ONCE VERIFIED							
ELIGIBILITY DATE:	SPECIFY ELIGIBILITY STATUS AND FUNDING INFORMATION:						
	 WIOA Adult Services Youth Eligibility Other: Non WIOA Special Grant (Prison to Employment) Note: Selective Service, Social Security Number, and ID are not required to determine eligibility for Prison to 						
	Employment Services.						
SIGNATURE OF INTERVIEWER:		DATI	Ε:	SIGNATURE OF REVIEWER:	C	DATE:	
Printed Name of Assigned (Case Manager:						

	STAFF USE ONLY: USE THIS SECTION TO LIST ACTIVITY RECORDS TO BE ENTERED FOR SERVICES PROVIDED.									
В(С(e <mark>y – Agency Code</mark>)1 = Rancho AJCC)1 = San Bernardir)1 = High Desert A	o AJCC	5 = Unsuccessful Completion-Drop 6 = Unsuccessful Completion-Provi 7 = Unsuccessful Completion-Failed							
ACT 1	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:				
	Adult	□ B01 □ C01 □ H01								
2	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:				
ACT 3	Adult DW P2E	□ B01 □ C01 □ H01								
ACT 3	Customer Program Code:	Agency Code:	3-Digit Activity Code and Description:	Begin Date (mm/dd/yyyy)	Est/End Date (mm/dd/yyyy)	Completion Code:				
		□ B01 □ C01 □ H01								