IT'S POSSIBLE INC
We believe in "POSSIBILITIES" by helping Ex-Offenders make a
"Positive Transition to a New Life"

EX-OFFENDER QUESTIONNAIRE

The purpose of this Questionnaire is to hear directly from the ex-offenders who have had a short or long term jail or prison experience, so that we can find out what is needed to help the ex-offender increase their self-esteem and look forward to a positive experience as they re-enter society and their communities, so that their hopes for the future will be positive. (PLEASE PRINT)

Name:_____ Age: _____ DOB: _____ Date: _____

Address:_____ Telephone: _____

Date of Arrest: _____What Facility/County: _____

Family or Support? _____

Charge(s) _____

Why did you commit the crime? (Please be honest)
_____

_____

Sentence/Term of Incarceration _____

Were You Guilty: Yes __ No __   Age at Time of Incarceration: ____ Age at Time of Release: _____

    A. Have you applied or been involved with any other RE-ENTRY PROGRAM (S)? Yes_ No _

     If yes, Who & Where?

     _____

     _____

     If yes, Why are you no longer with the Program?

How Many Times Have you been Incarcerated since the age of 16? _____

1. How do you feel you handled your incarceration?_____

   _____

2. How much notice did you get before being released from prison or jail?_____

   _____

3. Were you released to a half-way house or other transitional facility?_____

   _____

4. What services were you offered upon your release from prison or jail?_____

   _____

5. Were you offered employment upon your release or as a condition of your release? If so Please explain:_____

   _____

6. Were you refused employment after your release? ___ If so, what was the reason given._____

   _____

7. Do you have any special skills or training for work? _____ If so, list your special skills or training.

   _____

   _____

8. List two immediate things you feel that you needed that you did not receive when you were released from prison or jail that would have made a difference and deter your

returning to prison or jail. If this does not apply to you, list two things that you did not receive from your transitional facility that would have been helpful to you.

   1._____

   2._____

9. In your opinion, what is the number one reason that ex-offenders return to jail or the prison system after being released?

   _____

   _____

10. .In your opinion, how important is counseling and psychological services to an ex-offender returning to society and your communities?

   _____