



Reentry Needs Profile

**Note: This check-list is meant to help you organize what items you will focus on right now. Use the "Prioritize" column to indicate things that are needed first.*

I. Physical Needs

	Need	Potential Resource:	Prioritize
A. Clothes	<input type="checkbox"/>		<input type="checkbox"/>
B. Food	<input type="checkbox"/>		<input type="checkbox"/>
C. Household Items	<input type="checkbox"/>		<input type="checkbox"/>
D. Housing	<input type="checkbox"/>		<input type="checkbox"/>
E. Transportation for Job Interviews/Jobs	<input type="checkbox"/>		<input type="checkbox"/>
F. Medical/Dental Care	<input type="checkbox"/>		<input type="checkbox"/>
G. ID/Birth Certificate	<input type="checkbox"/>		<input type="checkbox"/>
H. Other (Please Explain)	<input type="checkbox"/>		<input type="checkbox"/>

II. Obtaining Benefits

	Need	Potential Resource:	Prioritize
A. Social Security	<input type="checkbox"/>		<input type="checkbox"/>
B. SSI	<input type="checkbox"/>		<input type="checkbox"/>
C. Food Stamps	<input type="checkbox"/>		<input type="checkbox"/>
D. Veteran's Benefits	<input type="checkbox"/>		<input type="checkbox"/>
E. Other (Please Explain)	<input type="checkbox"/>		<input type="checkbox"/>

III. Social Needs

	Need	Potential Resource:	Prioritize
A. Support Group	<input type="checkbox"/>		<input type="checkbox"/>
B. Drug/Alcohol Treatment	<input type="checkbox"/>		<input type="checkbox"/>
C. Drug/Alcohol Support Group	<input type="checkbox"/>		<input type="checkbox"/>
D. Job Referrals	<input type="checkbox"/>		<input type="checkbox"/>
E. Individual Counseling	<input type="checkbox"/>		<input type="checkbox"/>
F. Mentoring	<input type="checkbox"/>		<input type="checkbox"/>
G. Other (Please Explain)	<input type="checkbox"/>		<input type="checkbox"/>

Total funds currently available: _____