

Community Reentry Program Evaluation – Round 4

Missouri Department of Corrections

Participant Consent Form

Participant Consent

By completing this survey, I agree to take part in the research project on the Missouri Community Reentry Program by Emily Johnson at the University of Missouri. This project will help the Missouri Department of Corrections improve its services for future parolees and probationers. To be in the project:

- I will complete a survey about my housing, job, and health needs. This survey will take less than 10 minutes to complete.
- I do not have to answer all or any of the questions if I don't want to.
- My answers will not affect my probation or parole status.
- My answers will be completely confidential and will be summarized with all other client responses before it is reported to the Department of Corrections. No one other than the project staff at the University of Missouri will have access to my answers.
- The research team will have access to limited information about me provided by the Department of Corrections including demographic data and criminal history.
- There are no known risks to participating in this research project.
- I can contact Emily Johnson at (573) 884-5473 if I have any questions about this survey.
- I may contact the Campus Institutional Review Board about general questions related to participation in MU research projects at (573) 882-9585 or umcresearchcirb@missouri.edu.

This is your copy, please detach from the survey and keep for your records. Thank you for participating.

Agency Name _____ Phone # _____

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Probation/Parole Survey – Round 4

Please complete the following survey to the best of your ability. You may skip any question, especially if you feel it is too personal. Your individual answers will not be shared with any Department of Corrections personnel, and will not affect your probation or parole status.

Full Name: _____
 Date of Birth: _____ D.O.C #: _____

(Office Use Only)
Organization Name: _____
Date: _____

Background Information

How far have you gone in school?	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> Graduated High School or earned a GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-year college degree <input type="checkbox"/> 4-year college degree or more
Are you currently on probation or parole?	Probation <input type="checkbox"/> Parole <input type="checkbox"/>
How did you find out about the services you are currently receiving? (circle all that apply)	<input type="checkbox"/> DOC told me in prison <input type="checkbox"/> My parole officer told me <input type="checkbox"/> Friend told me <input type="checkbox"/> I looked it up on the internet or phone book <input type="checkbox"/> I saw an advertisement for it

Housing Needs

What type of housing do you currently have?	<input type="checkbox"/> Homeless <input type="checkbox"/> I own a house <input type="checkbox"/> I rent a house or apartment <input type="checkbox"/> I stay with friends or family <input type="checkbox"/> I live in a sober living environment <input type="checkbox"/> Transitional Housing Other _____
Are you looking for other housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type of housing are you looking for?	<input type="checkbox"/> House to buy <input type="checkbox"/> House or apartment to rent <input type="checkbox"/> Friends or family to stay with Other _____

Health Needs

Do you currently have health needs that are not being met?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what do you need? (circle all that apply)	<input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Medication Other _____

Job Needs

Do you have a job?	Yes _____ No _____
If no, are you currently looking for a job?	Yes _____ No _____
What is your <u>main</u> source of income?	<input type="checkbox"/> I have no income <input type="checkbox"/> Job <input type="checkbox"/> Disability benefits (supplemental security income) <input type="checkbox"/> Help from friends/family <input type="checkbox"/> Other government programs Other _____
In total, what is your monthly income?	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1 - \$500 <input type="checkbox"/> \$501 - \$750 <input type="checkbox"/> \$751 - \$1000 <input type="checkbox"/> \$1001 - \$1500 <input type="checkbox"/> \$1500+
If you do not have a job, what is preventing you from getting a job? (circle all that apply)	<input type="checkbox"/> Not enough job openings <input type="checkbox"/> Don't know where to look for jobs <input type="checkbox"/> I lack the skills/education needed to get a job <input type="checkbox"/> Employers won't hire me because of my criminal record <input type="checkbox"/> I have health problems <input type="checkbox"/> I can't work for other reasons <input type="checkbox"/> I am not looking for work Other _____

Basic Needs

What other needs do you have that are not being met? (circle all that apply)	<input type="checkbox"/> Support services <input type="checkbox"/> Transportation <input type="checkbox"/> Phone <input type="checkbox"/> I.D. <input type="checkbox"/> Food <input type="checkbox"/> Clothes Other _____
How would you describe your level of support from family/friends? (circle one)	<i>No Support</i> <i>Some Support</i> <i>Constant Support</i> 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Which of the following do you need help with the most?	<input type="checkbox"/> Employment <input type="checkbox"/> Housing <input type="checkbox"/> Medical or health needs <input type="checkbox"/> Basic Needs (phone, ID, food, clothes, etc)
While on supervision, do you feel the services provided by the Department of Corrections and community meet your needs?	Yes _____ No _____