

Community Reentry Program Partnership Request

Please complete this application if you would like to partner with the Ohio Department of Rehabilitation and Correction.

Organization requesting partnership:

Organization:	Name of Contact Person:
Phone Number:	E-Mail Address:
Address:	
Areas Served:	

- What do you need or want from the Ohio Department of Rehabilitation and Correction?
Please be specific (e.g., purchase of your program, etc.):
- Program Specifics (please mark any of the below boxes that are applicable)
 - This is an ongoing program that the agency would like to provide DRC
 - Fee associated with program: _____
 - Other _____
- By what date do you need a response?: _____
(Be advised that it may take up to 60 days to receive a response)
- Attach a typed summary of your program using the checklist below to ensure all areas are addressed:
 - The need you are fulfilling
 - Benefits to community, participant, ODRC
 - Target audience/participants
 - Length of program
 - Outcomes expected
 - The method of delivery
 - Logic model
 - Research evidence/citation showing program effectiveness
 - Role of ODRC
 - Credentials/licensure/training needed by facilitator
 - Budget, if applicable
 - Credentials/Licensure/Training of provider
 - Program/agency certified by other state governing agency
 - Agencies using program/partner agencies
 - Plans for ongoing communication with ODRC during the planning, implementation and follow-up phases of the program, inclusive of how you will report any outcomes.
- Please attach a copy of the program curriculum (if applicable)

You can submit your completed request by e-mail: DRC.ReentryPrograms@odrc.state.oh.us
or U.S. Mail to:

ODRC - Central Office, Office of Policy & Offender Reentry
770 West Broad Street,
Columbus, Ohio 43222