

# Ohio Department of Rehabilitation and Correction



## Community Reentry Program Partnership Requests Central Office Reentry Program Oversight Committee



Ted Strickland  
Governor

Terry J. Collins  
Director

April 2009

## COMMUNITY REENTRY PROGRAM PARTNERSHIP REQUEST (DRC 4380)

### Instructions on Completing the Form

Thank you for your interest in partnering with the Ohio Department of Rehabilitation and Correction (ODRC) in the implementation or purchase of your reentry program. The following is a step-by-step guide on how to complete the form, Community Reentry Program Partnership Request (DRC 4380). Please print these instructions and use it to assist you as you complete the form. Send the completed form and supporting documents to the address provided at the bottom of the form. All attachments and supporting documents submitted with the form must be typed.

#### ***Organization Requesting Programming Assistance/Partnership***

In this area, please provide basic contact information for your agency, company or organization. It is very important that you complete each item as it will help us if we have questions or additional information is needed.

- **Organization:** make sure to include the complete name of your agency or organization. If you are not associated with any agency or organization or are completing this independently of an agency or organization, this box may be left blank.
- **Name of Contact Person:** please list the person who we should contact if we have questions about your request. This person will also be contacted once a decision is made about this request.
- **Phone number:** this should be the phone number of the contact person.
- **Email address:** this should be the email address for the contact person. This email address may be where communication regarding this requested may be directed. If there is no email address, please leave blank.
- **Address:** this should be the address of the organization/agency or the address of the contact person. Again, this is where communication regarding this request may be directed.
- **Areas Served:** Please list each geographic area served by your program. This can be within a specific prison(s), county, city, etc.

## **1. What do you need or want from the ODRC?**

In essence, in answering this question, we can determine what it is you are seeking from DRC. It could be that you are seeking assistance from DRC to implement a reentry program within the prison(s) or you are requesting DRC to purchase a program you have developed. These are examples of requests DRC has received before and may not necessarily be what you need or want from DRC in terms of your program. Please be as specific and as brief as possible. Your identified need will ensure that an appropriate response is provided.

## **2. Frequency of Reentry Program**

In the form's header section, you indicated the areas served by your program or each location (prison) you wish to implement your program. In this section, please provide information on how your program is implemented. It could be that this is an ongoing program or a program that will be offered once.

In this section, please indicate the fee or cost of your program.

If no category appropriately defines your program, please check the "other" box and define your program in the space provided.

## **3. Response Date**

Provide a date by which you need a response. As your request may be reviewed by several departments within DRC, it will typically take no longer than 60 days to receive a reply to your request. In some circumstances the response time may be shortened. If your request is time sensitive, please state the reason a quicker response is necessary and attempts will be made to accommodate your request. If a response is not feasible within the requested time frame, the contact person will be notified.

## **4. Summary/Profile of the Reentry Program Checklist**

For this section you will need to attach a typed, detailed summary/profile of your program. A checklist is provided to assist you in determining what information is necessary to include in your summary. Please be as specific as possible, refer only to the current request and do not include information that is not relevant to your request or the program. The checklist is grouped in two categories – information pertaining to the program itself and information pertaining to the agency or provider of the program.

- **The need you are fulfilling** – Include in your summary the behavior, attitude or knowledge gap targeted for change and explain how the areas targeted for change relate to criminal actions or lifestyle.
- **Benefits to community, participant, ODRC** – indicate how your program benefits the community, the offenders and/or DRC.
- **Target Audience/participants** – who are the target audience for your program. Is it targeting men and/or women only, a certain age group, etc.
- **Length of Program** – include the number of modules/sessions, length of each module/session and frequency of sessions. For example, 12 modules/sessions, each module/session is 2 hours and program participants meet twice a week for 6 weeks.
- **Outcomes expected** – what are the outcomes expected of participants following completion of the program? What types of behavior changes are expected, etc?
- **The method of delivery** – what is the delivery method for the program, including lecture, video, role playing, etc.
- **Logic Model** – indicate how the program's lesson plan and activities impact the areas targeted for change. The model should identify program outcomes and include a means for measuring progress.
- **Research evidence/citation showing program effectiveness** - The evidence cited should clearly indicate that the problem areas addressed by the program are linked to criminal behavior or lifestyles associated with criminal behavior. Cite the research and/or literature that support the evidence. Make sure to include the author, year of publication, location where the information can be found and include a web address if available. The web address should lead us directly to the cited information.
- **Credentials/licensure/training needed by facilitator** – indicate the type of credentials, licensure or training needed for program facilitators.
- **Role of DRC** – what are your initial expectations of DRC and during the implementation of the program?
- **Budget, if applicable** – If you indicated there was a fee for the program, include information regarding what is included in the fee, such as materials, workbooks, etc.
- **Credentials/licensure/training of provider** – provide information regarding the credentials of the program provider.
- **Program/agency certified by state governing agency** – include any certifications you have received from a state governing body or agency.
- **Agencies using program/partner agencies** – include the number of participants who have completed the program, average group size, completion rates, selection criteria and number of times the program has been offered and where. list other affiliations, organizations or agencies you are associated or involved with

- **Plans for ongoing communication with ODRC** – are there any expectations for future or ongoing communication with ODRC regarding your program?

**Format of summary/profile:**

- ❑ A clear font of sufficient size and adequate line spacing;
- ❑ Cover page should include the name of the specific program, contact information (agency/organization, contact person and phone number);
- ❑ Page numbers in bottom right;
- ❑ Program name should be included in the header section of each page of the summary.

## **6. Program Curriculum**

The final piece to your request is to supply a copy of your program curriculum/lesson plan. This review will consider current DRC programming and practices to alleviate the chances of unnecessary duplication or counter active programming/practices. There should be some indication in your lesson plan of how the activities, homework, and session connect to the overall goal/objective of your program.

### ***Submitting your Community Reentry Program Partnership Request***

Please submit your Community Reentry Program Partnership Request to:

DRC-Central Office

Attn: Office of Policy and Offender Reentry

770 W. Broad St.

Columbus, OH 43222

Phone: (614) 387 – 0860

Fax: (614) 728-1033

Email: [Drc.Reentryprograms@odrc.state.oh.us](mailto:Drc.Reentryprograms@odrc.state.oh.us)