



Get Started Workbook

“Confused? Not sure where to start?” We’ve got you covered.

Use this workbook to help identify and cover the must-do steps you need for a successful reentry.

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TRANSITION CHECKLIST

Use the checklist below to identify your needs and the areas in which you will focus both short-term and long-term. Place a check mark next to those you have completed. Note, not all of these will apply to you. You can find more detailed information and helpful tools to complete tasks by using the corresponding sections of this workbook.

Identification

- Get a current photo ID
- Obtain a copy of birth certificate
- Obtain a copy of your social security card

Housing

- Find temporary housing
- Find long-term housing

Parole/Probation

- PO contact information
- Set goals

Substance Use

- Find substance abuse treatment
- Find 12-step meetings
- Develop a relapse prevention plan
- Create a crisis plan

Mental Health

- Assess your mental health
- Find mental health providers

Health Insurance

- Get health insurance

Transportation

- Find public transit
- Budget for personal transportation

Financial

- Credit report
- Bank account
- Budget planning

Legal

- Record seal/expungement

Support

- Find a mentor
- Find volunteer/community service
- Join a community support group

Relationships

- Family reintegration
- Parenting skills
- Healthy network of friends

Next, take a look at the items you've checked and decide which are short-term, which are long-term. Pace yourself-steady progress is key.

My Short-term Priorities

I can do these in the next six months.

1. _____
2. _____
3. _____
4. _____
5. _____

My Long-term Priorities

These may take six to 12 months to accomplish.

1. _____
2. _____
3. _____
4. _____
5. _____

PART 1: IDENTIFICATION

Identification documents are necessary for most aspects of life—to secure employment and housing, apply for benefits, access treatment, and much more. Use the chart below to help you get these required documents.

Resources to Help with This Section

- Photo ID: Visit dmv.com
- Birth Certificate: Visit cdc.gov/nchs/w2w
- Social Security Card: Visit ssa.gov

	Photo ID	Birth Certificate	Social Security Card
What is the name of the office?			
What is the address and phone number of the office?			
Will you obtain in-person or online?			
What is the cost?			
What documents are required?			
How long will it take to receive?			

PART 2: HOUSING

Securing stable housing is an important step for reintegration. When deciding on housing, keep in mind where it is located relative to your work, what transportation is available, and what stores/ services are in the area.

Section 1: Housing Options

The websites listed below may help you find housing and determine which options you are eligible for in your area. Use the chart below to help you keep track of your options.

If you already have housing, continue to Section 2: Living Arrangements.

Resources to Help with This Section

- **Rentals:** Visit [apartments.com](https://www.apartments.com)
- **Federal Housing:** The Housing Choice Voucher Program, formerly known as Section 8, connects individuals with public housing and helps pay for rent. Visit [usa.gov/finding-home](https://www.usa.gov/finding-home)
- **Transitional Housing:** For individuals that struggle with substance abuse, transitional housing, also known as “halfway houses”, provides structured living in a group setting. Visit [georeentryconnect.com/resources](https://www.georeentryconnect.com/resources)
- **Shelter Housing:** Shelters offer temporary housing for individuals in emergencies such as a sudden eviction or domestic violence situations. Visit [georeentryconnect.com/resources](https://www.georeentryconnect.com/resources)

	Housing Option 1	Housing Option 2
What type of housing and you eligible for?		
What is the cost/rent per day, week, or month?		
Is there a waiting list?		
What documentation is required to apply?		

Section 2: Living Arrangements

Surround yourself with positive people who will encourage your personal growth, and try to find a community that aligns with your new values and goals for a law-abiding life.

Person you will live with: _____

Relationship to you: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

How long do you plan on living there? _____

Describe the neighborhood. _____

How much will it cost you to live there? _____

List five contributions you will make while living there.

1. _____

2. _____

3. _____

4. _____

5. _____

Notes

PART 3: PAROLE/PROBATION

Parole is an opportunity for a fresh start. Most parole rearrests are due to technical violations, so it's important to understand and respect the terms and conditions of your release. Use this section to write down important parole information and conditions to help keep you on track.

Name of Agency: _____

Name of Parole Agent/Probation Officer: _____

County/Federal District: _____

Agency Address: _____

Agency City/State/Zip: _____

Agency Office Phone: _____

Agent/Officer Cell Phone: _____

Agent/Officer Email Address: _____

Your check-in requirements/information: _____

Write down five ways you can succeed in your supervision program:

1. _____

2. _____

3. _____

4. _____

5. _____

Six tips to avoid technical violations:

1. Before you move, get written permission from your parole agent or probation officer.
2. Observe state, county, local, and federal driving rules and liquor laws.
3. Do not possess or sell illegal narcotics/drugs or use controlled substances without a prescription.
4. Avoid owning/possessing firearms or other weapons.
5. Refrain from assaulting behavior including physical contact or verbal abuse.
6. Make required payments for fines and restitution on time, as imposed by the court.

PART 4: SUBSTANCE USE

Support groups can help you maintain your sobriety. However, if you currently struggle with substance use or have a relapse, seek medical treatment.

Section 1: Find Treatment

If you are looking to start or continue treatment there are many factors to consider when searching for a provider, including level of care, cost, and location.

If you do not need treatment, continue to Section 2: Recovery Meetings.

Resources to Help with This Section

- Substance Abuse and Mental Health Services Administration (SAMHSA): Visit [findtreatment.samhsa.gov](https://www.samhsa.gov/findtreatment)

	Provider 1	Provider 2
What is the name of the provider?		
What level of care do they provide? i.e., Detox, Intensive Outpatient Program (IOP), Outpatient Program (OP) inpatient/hospitalization, residential, partial hospitalization program (PHP)		
Where is the treatment provider located, and how will you get there?		
What is the cost? Do they accept your insurance, offer payment plans, or provide scholarships?		
What program components are important to you and do they provide?		

Section 2: Recovery Meetings

We understand recovery is a personal journey, but you don't have to walk it alone. Various organizations offer compassionate support through free meetings and services. While approaches may differ, their shared goal is guiding you towards lasting sobriety. Explore the options below to find the right fit for your needs.

Resources to Help with This Section

- 12-Step Meetings: Visit recoverttogether.withgoogle.com
- SMART Recovery®: Visit smartrecoverytest.org/local
- Celebrate Recovery®: Visit celebraterecovery.com

	Meeting 1	Meeting 2
What is the name of the meeting?		
Where are the meetings held?		
How often are meetings held and at what times?		
How will you get there?		

Who will be part of your recovery network? Include sponsors, counselors, sober supports, etc.

Section 3: Relapse Prevention

Recovery comes with a variety of obstacles and challenges. One of them is dealing with the many physical and emotional cues that arise as people go through life, which can result in relapse. These cues are more commonly known as “triggers,” and they may manifest in completely different ways from person to person. Use the chart below to identify your relapse triggers, and how you plan to deal with them if they come up.

Trigger:	Plan:
Trigger:	Plan:
Trigger:	Plan:
Trigger:	Plan:
Trigger:	Plan:

Section 4: Crisis Plan

To prepare for a crisis, you first need to be able to recognize and identify situations that may put you in danger. It’s important to identify potential risks and create a plan that prioritizes your safety and well-being. The following questions may help.

What are the biggest problems or challenges you face?

How will you deal with them?

Describe the dangerous situations you will need to avoid, and how you will do so?

Who will you contact, and what will you do if your situation becomes dangerous and you cannot handle it alone?

PART 5: MENTAL HEALTH

Your mental well-being plays a significant role in your successful reentry. It's natural to encounter difficulty adapting to life outside and facing stressful situations. Reflect on your health by answering the questions below. This can help identify areas where support services may benefit you.

Section 1: Assess Your Mental Health

What do you do to stay mentally well?

What are some warning signs that your mental health is declining?

What are some triggers that may compromise your mental health?

What can you do if you encounter these triggers?

Who can you reach out to for help and support?

If you are taking any prescription medication(s), do you experience any negative side effects that may contribute to your mental health?



Some states and most drug companies offer free or low-cost medication. Visit rxassist.org to see if you are eligible.

Section 2: Find a Mental Health Provider

If you have a history of mental health issues or feel you need professional help and support, there are many ways to find treatment. Visit findtreatment.samhsa.gov to find behavioral health treatment in your community, and then use the chart below to organize your options.

	Provider 1	Provider 2
What is the name of the therapist/facility?		
Do they offer individual or group therapy?		
Where is the therapist/facility located, and how will you get there?		
What is the cost? Do they accept your insurance or offer payment plans?		
How many hours a week do you plan to spend working on your mental health?		

Notes

PART 6: HEALTH INSURANCE

Health insurance protects you and your family members from unexpected, high medical costs and may cover common services such as vaccines, screenings, medications, and check-ups. Learn about the different plans the government provides and your eligibility.

Section 1: Assess Your Healthcare Needs

Before you begin your search for an insurance provider, make note of you/your dependents' medical history to determine needs. This pre-work will help you ask potential providers the right questions and potentially save you money.

Who are you looking to have covered under your insurance plan?

How many doctor's visits do you/your dependents typically have per year?

Do you/your dependents have health conditions that require a specialist?

Do you/your dependents anticipate having any surgical procedures?

Do you/your dependents take prescription medication(s)?

Do you/your dependents need routine bloodwork, immunizations, or tests?

What is the current state of your/your dependents' health?



Some states and most drug companies offer free or low-cost medication. Visit rxassist.org to see if you are eligible.

Section 2: Find an Insurance Provider

Finding the right healthcare insurance is no small task. Use the resources provided in this section to learn about the different options and what makes the most sense for you.

Resources to Help with This Section

- The Marketplace: Visit healthcare.gov
- Medicaid: Visit healthinsurance.org/medicaid
- Medicare: Visit medicare.gov
- Children’s Health Insurance Program (CHIP):
Visit healthcare.gov/medicaid-chip/childrens-health-insurance-program

	Insurance Option 1	Insurance Option 2
What is the monthly cost?		
What is the annual deductible?		
What is the copay cost for a primary care visit, a specialty visit, and a mental health visit?	P: S: MH:	P: S: MH:
What is the copay cost if you see an “out-of-network” provider?		
What is the copay for prescription medication(s)?		
Is there a limit on the number of visits to a provider?		
What is the cost for an Emergency Room visit?		
Do you need a referral to see a specialist?		
What services are not covered under the plan?		

PART 7: TRANSPORTATION

We understand getting to and from places can be challenging, so it's wise to explore your transportation options so you have a reliable backup plan.

If you have your own vehicle, continue to Section 2: Personal Transportation.

Section 1: Public Transportation Options

Use the chart below to list the different cost-effective options available in your area (i.e., buses, shuttles, trains, subways, taxis, rideshare apps, carpools, community assistance services, bicycles, etc.).

Resources to Help with This Section

- Public Transit Routes & Schedules: Visit wikipedia.org
- CityMapper: Visit citymapper.com/cities
- Moovit: Visit moovit.com
- Uber: Visit uber.com
- Lyft: Visit lyft.com

	Option 1	Option 2
How far is this option from your home, job, and other necessary appointments/commitments?		
How frequently is this service available in your area?		
Are there any limitations and/or concerns?		
What is the cost?		
Is financial assistance available?		

Section 2: Personal Transportation

Owning a vehicle brings both freedom and responsibility. Unexpected situations like accidents, breakdowns, or severe weather can happen, so it's helpful to have an emergency fund set aside. Use the chart below to calculate your monthly costs.

Car Loan or Lease	\$ _____	+
Insurance	\$ _____	+
Maintenance	\$ _____	+
Gas	\$ _____	+
Tolls	\$ _____	+
Other	\$ _____	=
Total Monthly Expenses	\$ _____	



Temporary Assistance for Needy Families (TANF) provides funding to purchase or fix your vehicle. Visit benefits.gov/benefit/613 to find out if you are eligible.

Notes

PART 8: FINANCIAL

This section is designed to help you determine how to budget your money and set financial goals for the future.

Section 1: Credit Score

The first step of financial planning is understanding your current financial situation. A credit report will outline your history and connect you with government support and personalized debt relief options. Use the chart below to see how you can improve your score.

Resources to Help with This Section

- **Free Credit Report:** Visit creditkarma.com/signup

	Report Results	Recommendations to Resolve
What is your credit score?		
How many hard inquiries are on your report? The number of times you've applied for credit.		
How many accounts are on your report? The total number of open and closed accounts.		
What is your credit age? The average age of your open accounts.		
How many derogatory remarks are on your report? These refer to collections, tax liens, bankruptcies, or civil judgments.		
What is your credit card usage/ratio? The amount of credit you're using compared to your total limits.		
What is the percentage of your payment history? The percentage of payments you've made on time.		

Section 2: Bank Account

Opening a bank account is an important step in managing your money, as well as the easiest way to deposit or cash your paycheck. Do some research and speak with multiple banks before you decide as different banks have different fees and terms. The resources below offer second chance accounts.















Resources to Help with This Section

- Chime®: Visit chime.com/apply-debit-credit
- GO2BANK™: Visit go2bank.com
- Wells Fargo Clear Access BankingSM: Visit wellsfargo.com/checking/clear-access-banking

	Option 1	Option 2
What is the name of the bank/credit union?		
What type of account do they offer? Checking, savings, or both?		
What is the minimum opening deposit fee?		
What is the monthly service fee?		
What is the overdraft fee?		
What account features align with your needs?		

Section 3: Budget Planning

Learning how to develop and maintain a budget is an important skill. Use the chart below to calculate your finances, so that you are more prepared to pay your bills.

	Total Monthly Income (allowance or paychecks)	\$ _____	
	Rent	\$ _____	+
	Utilities (water, electricity, cable TV, etc.)	\$ _____	+
	Phone	\$ _____	+
	Food	\$ _____	+
	Medicine/Healthcare	\$ _____	+
	Clothing	\$ _____	+
	Transportation (gas, car maintenance, public transit)	\$ _____	+
	Entertainment	\$ _____	+
	Parole/Supervision/Counseling Fees	\$ _____	+
	Fine	\$ _____	+
	Restitution	\$ _____	+
	Other (car loan, insurance, savings, tuition, etc.)	\$ _____	=
	Total Monthly Expenses	\$ _____	

Next, subtract your total monthly expenses from your total monthly income to determine your balance.

 **Balance** \$ _____

If you have a positive balance, congratulations! You have more money coming in than you are spending. If your balance is negative, review your expenses to cut back on the ones that are not essential.

PART 9: LEGAL

Criminal record clearance may be an option for you depending on your location. Record sealing and/or expungement removes your criminal background from the internet and other public records. National legal aid networks are designed to help individuals access legal aid programs, information, and forms, sometimes at no cost. Learn more about the process in your state, and use the table below to outline a plan and prepare questions for a lawyer.

Resources to Help with This Section

- Clean Slate Clearinghouse: Visit cleanslateclearinghouse.org/states
- Legal Aid: Visit lawhelp.org

Your States' Adult Criminal Record Information	
What type(s) of convictions can be seal/expunged by the court?	
What diversion/deferral programs are available to seal/expunge your record?	
What is the process for non-conviction arrests?	
What is the cost to seal/expunge your record?	
How long is the process to seal/expunge your record?	
What documents are required to seal/expunge your record?	

PART 10: SUPPORT

We all need human connection. Mentoring, support groups, community service, places of worship, libraries offer chances to meet new people and grow your support circle. Technology helps us embrace people worldwide through video, podcasts, and online communities. Reflect on these questions to plan engaging activities and then, get involved.

Resources to Help with This Section

- Mentorship: Visit georeentryconnect.com/mentor
- Volunteer/Community Service: Visit georeentryconnect.com/resources
- Life After Prison Podcast: Visit youtube.com
- Libraries: Visit georeentryconnect.com/resources
- YMCA: Visit ymca.org

	Activity 1	Activity 2
What is the name of the support group/ organization?		
What are your goals for the support network/ activity?		
What are your expectations?		
How much time can you commit?		
In what ways will you contribute?		

PART 11: RELATIONSHIPS

Having positive influences and supportive people in your life is important as they may offer both moral and financial support to help you achieve your goals.

Section 1: Family Reintegration

Building and nurturing a close family unit will not only help you during your reentry journey, but it will also help your loved ones heal. List your family members and their importance to you on a scale of 1-10 (with 1 meaning you definitely don't need them in your life and 10 meaning you absolutely need them involved in your life), and answer the questions for each.

Family Member (name and relation)	Level of Importance (1-10)	Will you live with them?	Do you need to improve this relationship?	If yes, how will you do that?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any tough conversations you want/need to have with your family regarding your past behavior? Make note of the key points you want to discuss with your loved ones.

Section 2: Parenting

Being a good parent and a positive role model for your child/ren should be a top priority as you transition back into the community. Answer the questions below to understand your responsibilities as a parent, and seek support if you need help.

Do your child/ren have stable housing, food, and clothing? What steps can you take to ensure these essential needs are met?

What can you do to help your child/ren enhance their education?

Does your child/ren have medical or mental health problems? If so, what can you do to help them get the medical attention they need?

What resources do you have and what resources do you need to adequately care for your child/ren?

Do you have childcare or people in your life that can help you?

What are your goals as a parent, and how will you achieve them?

Notes

Section 3: Parenting Programs & Classes

Parenting classes can provide you with the skills and tools to enhance your relationship with your child/ren. Use the chart below to gather information on classes in your area.

Resources to Help with This Section

- Parenting Programs: Visit peaceathomeparenting.com/register-free-online-parenting-class

	Program 1	Program 2
What is the name of the program/class?		
How long is the program/class?		
Is the program/class conducted in-person or online?		
What is the cost?		

Notes

Section 4: Friends

Solid friendships with people that respect and support your efforts to change your life for the better are critical to your success. Answer the questions below to help you identify positive influences in your life and how to move forward with these relationships.

With whom do you have positive friendships?

What skills have you learned to help you choose positive friends and avoid negative ones?

What are some new activities you can try with your friends?

Are there meetings, social groups, or clubs you can join in your area to make new connections?

List your friends and their importance to you on a scale of 1-10 (with 1 meaning you definitely don't need them in your life and 10 meaning you absolutely need them involved in your life), and answer the questions for each.

Friend (name and how you met)	Level of Importance (1-10)	Do you need to improve this relationship?	If yes, how will you do that?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

