



# SARPY COUNTY DEPARTMENT OF CORRECTIONS

## RE-ENTRY ASSISTANCE PROGRAM APPLICATION

**Inmate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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\*\*\*\*\* PLEASE READ BELOW TO SEE IF YOU QUALIFY \*\*\*\*\*  
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The Sarpy County Law Enforcement Center will afford qualified individuals the opportunity to apply for the Re-Entry Assistance Program.

**Re-entry Assistance Program (RAP):** The goal of the Re-Entry Assistance Program is to provide structured integration into the community with opportunities to obtain employment, education and treatment.

**To be eligible to apply for RAP, you must meet the following minimum requirements:**

1. You must be a sentenced or held on bond (pretrial), with an expected incarceration of at least six (6) weeks, and have no holds.
2. Your bond cannot be in excess of \$150,000.
3. You must not have any outstanding warrants, holds, or unpaid bonds in any state.
4. Your current conviction **MUST NOT** be a result of: Domestic violence, protection order violation, stalking, intentional child abuse, a sexual offense, felony flight to avoid, or a crime of violence.
5. You may not have any violent convictions within the past 3 years.
6. You may not have an active protection order, or be a registered sex offender.

\*Some offenses may be considered on a case by case basis. Dependent upon the review of Correctional staff. \*

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After the Community Corrections Office receives your application, it may take up to 5-7 business days to process it. The Judge who handled your case will make the final decision to grant or deny your application for RAP.

If your application is denied, you will receive documentation stating so.

*If you are approved for the program, you will be contacted directly by the Community Corrections Office with further details and information. It may take a few days after approval to arrange final details before you may be moved to the program.*

**SARPY COUNTY RE-ENTRY ASSISTANCE PROGRAM (RAP)  
APPLICATION**

**\*\*\* COMPLETE THIS FORM IN FULL-APPLICATIONS NOT COMPLETED WILL BE RETURNED.**

Name (Full): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Explain below why you want to be on the program.

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Current Home Phone: \_\_\_\_\_ Current Cell Phone: \_\_\_\_\_

Current Address where you live: \_\_\_\_\_

List all people living at your above listed address:

<b>Name</b>	<b>Relation to you</b>	<b>Age /DOB</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_ Month/Year Started: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your Job Duties: \_\_\_\_\_ Supervisors Name (Full): \_\_\_\_\_

Is the Employer or any Co-workers Related to you? \_\_\_\_ Yes \_\_\_\_ No

How Many Hours on Average do you Work a Week? \_\_\_\_ hours.

Does the Schedule Stay the Same Each Week? \_\_\_\_ Yes \_\_\_\_ No

**\*Indicate your current work days and hours below. \***

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Past Employment in last three years: List Company Name and Dates from – to:

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Do you have a valid current driver's license? If yes, from what state \_\_\_\_\_.  
**List name(s) and DOB of licensed, registered, and insured driver(s) who may provide transportation.**

Name	DOB	Relationship
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What is your current conviction for? \_\_\_\_\_

What are the circumstances surrounding the original arrest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you on Pre-Trial Services for this charge before sentencing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been on Work Release, House Arrest, or RAP before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where: \_\_\_\_\_

Have you ever been terminated from Sarpy County or any other Counties Work Release, House Arrest, or RAP Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been on probation? \_\_\_\_\_ Yes \_\_\_\_\_ No. What County: \_\_\_\_\_

Did you successfully complete probation? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all prescription and non-prescription drugs you are currently prescribed and taking:  
\_\_\_\_\_  
\_\_\_\_\_

What illegal drugs have you ever taken and when did you last take them?

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When was the last time you consumed alcohol, and how much? \_\_\_\_\_

On average how much alcohol do you drink a day? \_\_\_\_\_

Have you ever been treated for alcohol or drugs? \_\_\_\_ Yes \_\_\_\_ No

If yes, when and where? \_\_\_\_\_

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**\*\*\* Any false or misleading information provided on this application shall result in the application not being processed or immediate removal from the program. \*\*\***

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_