



## **Florida Department of Corrections Inmate Re-Entry Programs Registration Application**

### **Eligibility criteria for placement on the Department's Inmate Re-Entry Programs Registration Roster:**

1. The applicant must complete and submit this form to the Department.
2. The applicant must be: (a) a nonprofit faith-based organization, (b) a professional business, or (c) a civic or community organization.
3. The applicant must provide its re-entry program at no cost to the Department or the inmate
4. The applicant must provide its re-entry program at a Department institution or contracted facility.
5. The applicant must allow the Department to review and approve its program curriculum and any revisions thereto.
6. The applicant's representatives designated to provide programming must undergo and pass a Level II background check and be approved by the Department to enter a Department institution or contracted facility.
7. The applicant must adhere to all Department rules.

**Re-entry Services include counseling, providing information for post-release housing and job placement, money management assistance, and programs that address substance use disorders, mental health, or co-occurring conditions.**

**IF YOU DO NOT MEET ALL CRITERIA ABOVE, YOU ARE NOT ELIGIBLE TO BE PLACED ON THE DEPARTMENT'S INMATE RE-ENTRY PROGRAMS REGISTRATION ROSTER.**

**If you have any questions, please email them along with your contact information to the Department at [DC-Re-Entry Program Registration@fdc.myflorida.com](mailto:DC-Re-Entry Program Registration@fdc.myflorida.com) or via fax at (850) 410-4559.**

**If you meet the above criteria, please complete Page 2 of this document and e-mail your completed form to the Department at [DC-Re-Entry Program Registration@fdc.myflorida.com](mailto:DC-Re-Entry Program Registration@fdc.myflorida.com) or via fax at (850) 410-4559.**



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<b>What type of organization are you?</b> <input type="checkbox"/> non-profit faith-based, <input type="checkbox"/> professional business <input type="checkbox"/> civic or community organization	
<b>Contact Name:</b>	<b>Organization Name:</b>
<b>Address/ Location:</b>	<b>Address 2:</b>
<b>Contact Phone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	
<b>Who is your target population?</b>	
<b>What Institutions do you desire to serve?</b> <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Institutions</span> (Choose an item.) <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">)</span> Choose an item. Choose an item.	
<b>Briefly describe the re-entry program(s) you are proposing to deliver, including the frequency of delivery and the length of the program (e.g., meets 1X a week for 10 weeks). Please attach additional pages if required.</b>	
<b>Please describe your space and equipment needs for program delivery (e.g., a room capable of holding 15 people, chairs, writing space, etc.).</b>	
<b>What are the qualifications of the individuals who will be delivering the program?</b>	
<i>By my signature below, I agree that the applicant complies with and will adhere to all criteria set forth in Rule 33-601.504, F.A.C., and on Page 1 of this application.</i>	
<b>Printed Name of Person Completing Form:</b> _____	
<b>Signature of Person Competing Form:</b> _____	
<b>Date:</b> _____	



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FOR STAFF USE ONLY

APPROVED

DISAPPROVED

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Request Received by: \_\_\_\_\_

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

Reviewed and accepted by: \_\_\_\_\_

Signature: \_\_\_\_\_