



Transition Intake Form

Correctional Institution _____

Name _____

Social Security Number _____

Inmate Number _____

Release Date _____

Address Upon Release _____

City _____ State _____ Zip Code _____

Phone Number _____

Please check needs you will have upon release: (Check any and all that apply)

Employment Readiness	
Mentoring	
Identification Cards	
Restoration of Rights	
Transportation Assistance	
Housing Referral	
Counseling Referral	
KenTra Kids Mentoring Program	

KenTra Care makes every attempt to meet your needs upon release. Please understand that in order for us to assist you, we ask that you help us by:

1. Keeping your appointments and keeping in touch with us after the initial enrollment
2. Providing authorization for us to contact other organizations in the community on your behalf who may be able to assist you.
3. Being honest with the KenTra Care Staff as we're here to help you.