

Cheyenne and Arapaho Tribes
Probation/ SORNA Office
Reentry Program Application Form



Name: _____
Last First Middle

Gender M F Ethnic Origin White (non-Hispanic) African American/Black Latino / Hispanic
 Asian/Pacific Islander Native American/Eskimo Other _____

C-ATribal Member: Y N CDIB #: _____ Social Security: _____

Birth Date: _____ Age: _____ Height: _____ Hair: _____ Eyes: _____

Are you required to register as a sex offender? Y N

Home/Mailing Address: _____
Street City State Zip

Phone: _____ Cell: _____ Email address: _____

Prior Criminal Arrests (begin with the most recent): Date: Sentence:

A. _____
B. _____
C. _____
D. _____
E. _____

Expected Release Date: _____ Referred by: _____

What Type of assistance you are requesting from the Reentry Program (Check all that apply)?

Education:

- GED Classes
- Scholarship Tuition

Employment:

- Employment Training
- Employment
- Vocational Rehab

Treatment (Mental Health/ Drugs and Alcohol):

- Inpatient counseling
- Outpatient counseling
- 12-Step Program
- Treatment for family and children

Cultural:

- Sweets
- Ceremonies

Wellness:

- Gym/ Physical Wellness
- Dietitian

Legal:

- Legal Aid
- Public Defender

Other:

- HOPE Program
- Transportation Assistance

Other Programs, Agencies, Public Assistance, & Resources you are working with:

A. _____
B. _____
C. _____
D. _____

Applicant's Signature: _____ Date: _____