



TRANSITIONING OFFENDERS PROGRAM®

31811 Pacific Highway S Ste B#472 Federal Way, WA 98003 www.topwashington.org

OFFENDER QUESTIONNAIRE

This program was designed by offenders for offenders

DATE: _____
Name: _____ (Please Print Clearly) _____
Male Female DOC#: _____
First Name Last Name

Institution _____ Release Date: _____ 20 _____ Date of Birth: _____
Month Day Year Month Day Year

Unit/Cell: _____ Release City: _____ Zip Code: _____

Do you have children? Yes No Release County: _____
Age range? _____ County Of Origin: _____

Do you have a disability? Yes No Community _____
Type: _____ Custody: How many months? _____

2-1-1®
If your family needs emergency assistance they can:
Dial: 2-1-1 or 877-211-WASH
www.WA211.org

↑ ↑ ↑ ↑ THE INFORMATION ABOVE THIS LINE IS REQUIRED ↑ ↑ ↑ ↑

Mark all that apply: (All packets will include the addresses for DOC, DSHS, Driver's Licensing and County Clerk offices.)

<input type="checkbox"/> Apartments <input type="checkbox"/> General <input type="checkbox"/> Disabled <input type="checkbox"/> Family <input type="checkbox"/> Seniors <input type="checkbox"/> Apprenticeship Programs <i>See back</i> <input type="checkbox"/> Child Care Services <input type="checkbox"/> Child Support (DCS) <input type="checkbox"/> Clothing Banks <input type="checkbox"/> Counseling <input type="checkbox"/> DV <input type="checkbox"/> Family <input type="checkbox"/> Sex Offender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Credit Report Application <input type="checkbox"/> Dental (Free, Sliding, Scale) <input type="checkbox"/> Driver's License <i>Restoration Packet</i> State: _____ <input type="checkbox"/> Education, General (GED, ABE, etc.) <input type="checkbox"/> Education, Higher (FAFSA) <i>See back</i> <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Employment Services <input type="checkbox"/> Employers/Agencies <input type="checkbox"/> Disabled	<input type="checkbox"/> Faith Based Services Type: _____ <input type="checkbox"/> Family Services <input type="checkbox"/> Food Banks <input type="checkbox"/> Hot Meals (Kitchens, Home, etc.) <input type="checkbox"/> Furniture Banks (Household Goods) <input type="checkbox"/> Health Department <input type="checkbox"/> Homeless Shelters <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Families <input type="checkbox"/> Housing <input type="checkbox"/> Disabled (Physical, Mental) <input type="checkbox"/> Seniors <input type="checkbox"/> Hygiene (Showers, Laundry, etc.) <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical <input type="checkbox"/> General (Clinics, etc.) <input type="checkbox"/> Disabled <input type="checkbox"/> Children <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Medication Vouchers <input type="checkbox"/> Mental Health (Counseling, etc.) <input type="checkbox"/> Parenting services (Classes, Education) <input type="checkbox"/> Non-Custodial	<input type="checkbox"/> Release Plan Outline <input type="checkbox"/> Senior services (55+) <input type="checkbox"/> Social Security Department <input type="checkbox"/> Card Application <input type="checkbox"/> Support Groups, General (Child, Health) Type: _____ <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Support Groups (AA/NA) <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Families <input type="checkbox"/> Sex Offender <input type="checkbox"/> Transportation, Public (Metro, etc.) <input type="checkbox"/> Utility Vouchers <input type="checkbox"/> Veteran's Packet (USA) <i>See back</i> <input type="checkbox"/> Victims of Crime Support Groups <input type="checkbox"/> Vital Statistics (Birth Certificate, etc.) State: _____ <input type="checkbox"/> Women's Services
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What ethnic group do you identify with?
 African American Asian Caucasian/White Latino/Hispanic Pacific Islander
 Native American Tribe: _____ Other: _____

I, the undersigned, provide the information in this form voluntarily for TOP's use in administering its services, researching and developing services and providing TOP services requested by me. TOP may disclose information I provide in this form, along with other information relating to my use of TOP and its services, to third parties in non-personally identifiable format. I understand and acknowledge that the Washington Department of Corrections may access information I provide in this form, and other information about my use of TOP and its services, at any time.

Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****FOR OFFICE USE ONLY*****FOR OFFICE USE ONLY*****FOR OFFICE USE ONLY*****
 * ENTERED PHONE CALL FAMILY EMAIL INTERVIEW COMPLETE PACKET COMPLETE LEGAL HELP
FLYERS PRINTED: _____



TRANSITIONING OFFENDERS PROGRAM®

Veterans Service Information:

Are you a Veteran? You are a veteran if you have ever served on active duty (other than for just training) in the Armed Forces of the United States for more than 180 days, or have been discharged or released from active duty due to a service connected disability.

TOP's Incarcerated Veteran's Packet

- If you checked the box on the front for TOP's Incarcerated Veteran's Packet, you will receive a packet with resources for contacting a VA representative, VA medical centers and other general Veteran's Services.
- TOP's Veteran's packet also includes a **DD214** Records Request Form, which you will need in order to verify your veteran status before you can receive any benefits. This form (and many others listed at right) is also available from the Regional VA office.

You can contact the Regional VA office for more information at:

**VA Regional Office Federal building
915 2nd Avenue
Seattle, WA 98174**

Forms available from the VA

Most requested:

- Form DD293 Application for Review of Discharge
- Form 21-4193... Notice of Incarceration
- Form 21-8940... Application for Increased Compensation

Other forms:

- Form 9 Appeal to the Board of Veteran's Appeals
- Form 10-10EZ... Application for Health Benefits
- Form 21-22 Appointment of Organization as Representative
- Form 21-22A Appointment of Individual as Representative
- Form 21-4142... Consent to Release Information
- Form 21-526 Instructions for Application for Compensation
- Form 21-526B .. Supplemental Claim for Compensation
- Form 21-0788... Appointment of Beneficiary's Award
- Form 21-4138... Statement to Support Claim
- Form 24-0296... Direct Deposit Enrollment

Questionnaire Additional Information:

Apprenticeship area of interest:

Education area of interest:

Other questions or things you would like to ask:

Interviewer Notes:

Interviewer Name: _____ Date: _____

Packet Developer Name: _____ Date: _____