



# RECOVERY WORKS CJP INFORMATION SHEET

State Form 57186 (10-22)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF MENTAL HEALTH AND ADDICTION

**\*\*Please email Information Sheet with the pertinent criminal justice documentation/ relevant materials to PACE at [recoveryworks@paceindy.org](mailto:recoveryworks@paceindy.org). Forms submitted without proper CJ documentation will not be processed.**

## PARTICIPANT INFORMATION

Name:		County:	
DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to respond		
Phone Number(s):			
Email:			
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email			

## RECOVERY WORKS ELIGIBILITY

Resident of Indiana  Entered the Criminal Justice System with current felony charge or prior felony conviction  
 Age of 18 or older  Household income below 200% of Fed. Poverty Level  Misdemeanor

## CRIMINAL JUSTICE PARTNER INFORMATION

Name:
Agency:
Phone Number:
Email:

**IS PARTICIPANT INCARCERATED?:**  Yes (Jail)  Yes (Work Release) **COUNTY:**  No

Does the participant need in-house services or outpatient services?  
 In-house (mark Reentry Services below)  
 Outpatient: post-release or while in Work release (mark outpatient services below)  
 Has the participant been pre-approved at a Recovery Residence?  Yes  No  
**Please attach acceptance letters and/or completed Recovery Residence application**

## ANTICIPATED PARTICIPANT NEEDS

Outpatient Services  
 Mental Health Services  Addiction Treatment Services  Both  
 Recovery Residence  
 Reentry Services (for in-house jail services ONLY)  
 Residential Treatment:  ASAM 3.1  ASAM 3.5

## CASE INFORMATION

Cause Number:
Next Court Date:
Anticipated Release Date (if incarcerated):
Court has ordered participant to engage in treatment by:
Required to Register as Sex Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ordered into (or will be ordered into) Problem-Solving Court: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Court:</b> <span style="margin-left: 150px;"><b>County:</b></span> <span style="margin-left: 150px;"><b>Judge:</b></span>
Does participant have an open DCS/CHINS case? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any additional case information: