

# REINTEGRATION PROGRAM

## Application

*“The Mission of the Comanche Nation Reintegration Program is to empower the personal transformation of incarcerated, or formerly incarcerated individuals, by facilitating help for the resources and services needed to establish and maintain a healthy, productive, crime free, prosperous life.”*

Applicants must meet all eligibility requirements and provide the requested documents in order to be considered for assistance through the Comanche Nation Reintegration Program.



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**Comanche Nation Reintegration**

**P.O. Box 908**

**Lawton, OK 73502**

**Phone: 580-492-3623**

**Email: [reintegration@comanchenation.com](mailto:reintegration@comanchenation.com)**





**COMANCHE NATION REINTEGRATION**  
**APPLICATION/ASSESSMENT**

**LEGAL:**

Facility/Treatment Center where you are currently incarcerated or receiving treatment:

\_\_\_\_\_

Facility/ Treatment Center you were released/discharged from:

\_\_\_\_\_

Length of Incarceration/treatment: \_\_\_\_\_

Release date or projected release date (if not released): \_\_\_\_\_

Conviction (most recent if more than one): \_\_\_\_\_

City, County, and State of Conviction (most recent): \_\_\_\_\_

Do you have any pending court dates (please circle)?      YES      NO

Next court date (if applicable): \_\_\_\_\_

Are you on probation or parole (please circle)?      Probation      Parole

Probation/Parole Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please tell us about your offense(s); explain in detail what led to your most recent incarceration/treatment:

\_\_\_\_\_

\_\_\_\_\_

Please list the monthly amount of any fines, fees, or costs associated with your offense(s):

Probation:                      \$ \_\_\_\_\_                      DA Supervision:                      \$ \_\_\_\_\_

Restitution:                      \$ \_\_\_\_\_                      Court Fines/Costs:                      \$ \_\_\_\_\_

Other (please specify):                      \$ \_\_\_\_\_

Do you have a valid driver's license?                      YES                      NO

If not, what is the status of your driver's license? \_\_\_\_\_



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**MEDICAL, MENTAL HEALTH, & SUBSTANCE ABUSE**

Do you have any health/medical problems that you need assistance with? If yes, please explain:

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Do you need assistance with the purchase of medication? If yes, please explain:

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Have you ever been diagnosed with a mental illness? If yes, please explain:

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Are you currently receiving mental health services or counseling? If yes, please state provider:

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	Please circle	
Do you currently use alcohol?	YES	NO
Do you feel you have an addiction to alcohol?	YES	NO
Do you smoke or use tobacco (please circle)?	YES	NO
Do you feel you have an addiction to tobacco?	YES	NO
Do you currently use any illegal substances/drugs?	YES	NO
Do you feel you have an addiction to any drugs?	YES	NO
Do you want treatment for any addiction you may have?	YES	NO

Additional comments: \_\_\_\_\_

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**EMPLOYMENT & EDUCATION**

What is your highest level of education? \_\_\_\_\_

Are you interested in seeking further education? If so, please explain:

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**COMANCHE NATION REINTEGRATION**  
**APPLICATION/ASSESSMENT**

**EMPLOYMENT & EDUCATION CONTINUED:**

What type of work experience do you have? \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If yes, who is your employer? \_\_\_\_\_

What is your hourly wage? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

**ADDITIONAL COMMENTS:**

Do you have any additional comments, questions, or concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all services and funding are subject to the availability of funds and final approval of the departmental Director.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reintegration Case Manager

\_\_\_\_\_  
Date



**COMANCHE NATION REINTEGRATION**  
**APPLICATION/ASSESSMENT**

**REINTEGRATION CONSENT FOR RELEASE OF INFORMATION**

*Only acceptable if notarized*

<b><u>FOR OFFICE USE ONLY:</u></b>	
<b>TO:</b> _____	<b>DATE:</b> _____
_____	
_____	

**I HEREBY GIVE MY PERMISSION TO RELEASE INFORMATION TO:**

**COMANCHE NATION REINTEGRATION PROGRAM  
P.O. BOX 908  
LAWTON, OK, 73502**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

<b>Subscribed and sworn to before me on this _____ day of _____ 20____.</b>	
<b>My commission expires:</b> _____	<b>[SEAL]</b>
_____ <b>Notary Public</b>	