



First Aid Reentry Kit Order Information

Facility Program Coordinator:
Scan this form once completed and email to contact@ourjourney2gether.com

(888) 50-REENTRY

Facility Information
(To be filled out by First Aid Reentry Kit program coordinator or authorized facility personnel)

Facility: _____

Facility Phone No.: _____

Facility Staff Information

Name Title (circle one): Mr. Ms. Mrs. DPS Title: _____

Last Name: _____

Email Address: _____

Inmate Information
(To be filled out by the inmate. Please write clearly.)

Full Name: _____

OPUS #: _____ Date of Birth: _____

Do you have an active North Carolina Driver's License? (Circle one): Yes No Not Sure

What is your shirt size? (Circle one): Medium Large X Large 2X Large 3X Large

Release Date: _____

Home Plan County: _____

Home Plan City/Town: _____

OPTIONAL: Do you have any special needs or challenges facing you when you get out?

OPTIONAL: Phone Number (if you already have one to share): _____

Please sign your name below and write today's date. Your signature authorizes this correctional facility to provide all of the information on this form to OurJourney for the purpose of preparing for you a free First Aid Reentry Kit to be given to you on the day of your release. OurJourney may also share this information with reentry specialists in your community.

Signature: _____

Today's Date: _____