



ESTOPP
Eradicating the
School-to-Prison Pipeline

Youth and Family Re-entry Needs Survey

Plan and take action for yourself to ensure a permanent transition after your release!

Name:

How can we reach you?

Phone:

Address:

City

State

County

If applicable, what are the ages of your children?

What types of services or support do you (and your children, if applicable) need?

Support Group / Counseling

Education / School

Activities / Mentoring

Other

What are some ways you wish to get involved with E-STOPP?

Speaker _____ Volunteer _____ Mentor _____

Other _____



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