



Sioux City BOOST Re-entry

Bridging and Overcoming Obstacles through Service and Training

BOOST Referral Form

Name of Client _____ Date _____

Client's DOB _____

Client's Address _____

(include Street Number, Street Name, City and Zip Code)

Email: _____

Client's Phone #: _____

Is the client 180 – 20 days from release _____ Potential release date from (3rd Judicial
DOC RTF, Woodbury County Jail, Electronic Monitoring)

Is the Client on probation or parole? Yes or NO

Referral by _____

Phone number _____ Email: _____ Date _____

****Please also have the Client sign a release form**

Please give a brief description of client's past charges (include ANY sex offenses)

Please indicate what services you see BOOST Re-entry providing with this referral

Please contact Gary Fuentes at (712)224-2168 office/ (712) 577-3644 cell or email at
gfuentes@siouxlandship.org if you have any questions. Fax (712)224-2167

**Sioux City BOOST Re-entry is an Official Grant of the U.S. Department of Justice Bureau of
Justice Assistance**