



## MEMORANDUM OF UNDERSTANDING WITH REFERRING AGENCY

600 Poplar Ave - PO Box 330 - Memphis, TN 38101-0330  
Phone: (901) 526-8403 - Fax: (901) 526-5430  
www.MemphisUnionMission.org

This Memorandum of Understanding is between Memphis Union Mission and (referring agency) \_\_\_\_\_, located at (agency's address) \_\_\_\_\_.

Memphis Union Mission agrees to enroll (client's name) \_\_\_\_\_ in its Re-Entry Program. The client agrees to complete all required phases of the program, committing to no less than 90 days of uninterrupted enrollment.

Upon completion of the Re-Entry Program, the client will have completed:

- The eight-step *Celebrate Recovery* program
- Assigned on-site community service
- A completed personal action plan for success
- A budgeting class

The referring agency agrees to provide:

- A completed Re-Entry Program application
- A completed and signed discipline procedures statement
- The candidate's 10-page autobiography
- Copies of the client's TOMIS (Tennessee Offender Management Information System) criminal, medical, and mental health records
- Counselor/pre-release coordinator's recommendation detailing the client's character, conduct and any disciplinary problems while incarcerated
- The referring agency's completed Memorandum of Understanding
- Client's work history or resume
- Client's \$242 payment, which covers the cost of the first month service fee, key and identification if needed (once client is accepted into program)
- Client's transportation to 600 Poplar Ave., Memphis, TN
- Client's transportation back to referring agency in the event that the candidate is dismissed for failure to complete the program

The following must be completed by the referring agency (check all that apply):

- Client may not graduate the program on or before (fill in date): \_\_\_\_\_
- Client MAY receive off-premises passes
- Client MAY NOT receive off-premises passes

If the client relapses or is dismissed for any reason, please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Signatures**

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(Memphis Union Mission) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Referring Agency) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, the client agrees to abide by all admission requirements, program rules, policies, chores, attendance at all classes, chapel services and to refrain from the use of alcohol, illegal drugs, or the abuse of prescription drugs.

(Client) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach this form to the client's Re-Entry Program application.