



First Aid Reentry Kit Order Information

Please write clearly. All information, except for what is in the Optional box," is required. OurJourney will use this information to provide you with a free First Aid Reentry Kit on the day of your release designed specifically for you.

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

OPTIONAL

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

What is a phone number where OurJourney can reach you after your release?

Please sign your name below and write today's date. Your signature authorizes this correctional facility to provide this information to OurJourney.

Signature: _____

Today's Date: _____

Be sure to return this to your case worker promptly!