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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Transition Plan1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inmate Last Name: | | | | | | | | First Name: | | | | | | | | | | | | | | | | MI: | | | | | | | Gender  M □ F □ | | |
| DOC Number: | | | | | SSN# | | | | | | | DOB: | | | | | | | | | | | | | | Today’s Date: | | | | | | | |
| Name of Facility: | | | | | | | | | Person Completing Form: | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Status: | | | | | | Pretrial Detainee □ | | | | | | | | | | | | Sentenced Inmate □ | | | | | | | | | | | | | | | |
| Date of Admission: | | | | | | | | | | | Expected Release Date: | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Level, Treatment, and Criminogenic Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the inmate’s screen and assessment questionnaire reviewed? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | | | | No □ | |
| Risk/Needs Assessment Score: | | | | | | | | | | | | | | | | High □ | | | | | | | | | | Medium □ | | | | | | Low □ | |
| **Interventions Needed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Card | | | | | | | Yes □ | | No □ | | | Veteran Identification Card | | | | | | | | | | | | | | | | | | Yes □ | | | No □ |
| Birth Certificate | | | | | | | Yes □ | | No □ | | | Passport | | | | | | | | | | | | | | | | | | Yes □ | | | No □ |
| Alien Registration Card | | | | | | | Yes □ | | No □ | | | Valid State ID/Driver’s License | | | | | | | | | | | | | | | | | | Yes □ | | | No □ |
| Picture Identification | | | | | | | Yes □ | | No □ | | | Military Discharge Papers | | | | | | | | | | | | | | | | | | Yes □ | | | No □ |
| Certificate of Naturalization | | | | | | | Yes □ | | No □ | | | High School Diploma/  GED Certificate | | | | | | | | | | | | | | | | | | Yes □ | | | No □ |
| Are any identification documents in inmate’s property? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, specify type of documentation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, explain how identification is being obtained: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit Eligibility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Assistance | | | | | | | Yes □ | | No □ | | | Food Stamps | | | | | | | | | | | | | | | | | | Yes □ | | No □ | |
| Medicaid | | | | | | | Yes □ | | No □ | | | SSI | | | | | | | | | | | | | | | | | | Yes □ | | No □ | |
| SSD | | | | | | | Yes □ | | No □ | | | Veteran | | | | | | | | | | | | | | | | | | Yes □ | | No □ | |
| **Transportation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If known – Time of Release | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will someone pick up the inmate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | No □ | |
| If yes, who? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If no, how will the inmate get home? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Housing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address at Release: | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt #: | | | | | | |
| City: | | | | | | | | State: | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | |
| Home Phone: | | | | | | | | Cell Phone: | | | | | | | | | | | | | | | | | | | Work Phone: | | | | | | |
| Residents in House: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the inmate expect to be released to known housing? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Does the inmate expect to be released to a homeless shelter? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Type of housing assistance required: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical/Mental Health/Dental** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary health care needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Medical specialist needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Mental health provider needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Medication needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Date of last full physical: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Substance Abuse Counseling/Treatment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol counseling/treatment needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Substance abuse counseling/treatment needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Level of care required: | | | | | | | | | | | | | | | | | | | Outpatient □ | | | | | | | | | | Residential □ | | | | |
| **Family** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will have custody of children: | | | | | | | Yes □ | | No □ | | | If yes, how many? | | | | | | | | | | Ages: \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_ | | | | | | | | | | | |
| Family counseling needed: | | | | | | | Yes □ | | No □ | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has GED | | | | | | | Yes □ | | No □ | | | Has H.S. diploma | | | | | | | | | | | | | | | | | Yes □ | | | No □ | |
| Continuing education needed: | | | | | | | Yes □ | | No □ | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job skills training needed: | | | | | | | Yes □ | | | No □ | | | | Area of interest: | | | | | | | | | | | | | | | | | | | |
| Job placement needed: | | | | | | | Yes □ | | | No □ | | | | Special skills: | | | | | | | | | | | | | | | | | | | |
| **Financial Obligations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Court: | | | Child Support: | | | | | | | | | | | | Medical: | | | | | | | | | | | | | | Civil: | | | | |
| Other: | | | Other: | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| **In-Jail Program Participation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion Information | | | | | | | | | | |  | | | | | | | | | | | | | | | | Postrelease Referral | | | | | | |
| AA/NA | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Anger Management | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Cognitive Behavioral Change | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Domestic Violence | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Education | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Employment Skills | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Inmate Worker | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Parenting | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Religious Studies | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Substance Abuse | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Other: | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| Other: | | | | | | | | | | | Yes □ | | | | No □ | | | | | N/A □ | | | | | | | Yes □ | | | | | | |
| **Post-Release Community Referrals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check each need and then fill out a separate referral for each need. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aging & Disability Services □ | | Community Corrections □ | | | | | | Domestic Violence □ | | | | | | | | | Drug or Alcohol Treatment □ | | | | | | | | Education □ | | | | | | | | |
| Employment □ | | Coping Skills –Family/  Children □ | | | | | | Management of Financial Resources □ | | | | | | | | | Food/  Clothing □ | | | | | | | | Health Care  Benefits □ | | | | | | | | |
| Housing □ | | Identification □ | | | | | | Income/Benefits/Entitlements □ | | | | | | | | | Life Skills Training | | | | | | | | Medical/Dental Care/  Local Health Clinic □ | | | | | | | | |
| Mental Health Care □ | | Medication Assistance □ | | | | | | Rent Assistance □ | | | | | | | | | Social Security □ | | | | | | | | Transportation □ | | | | | | | | |
| Unemployment □ | | Vocational Training □ | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Referral Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-Custody: □ | | | | | | At Discharge: □ | | | | | | | | | | | | Post-Release: □ | | | | | | | | | | | | | | | |
| Agency Referred To: | | | | Contact Phone: | | | | | | | | Contact Person: | | | | | | | | | | | | | | | | | | | | | |
| Appointment Date/Time: | | | | Location: | | | | | | | | Referral Faxed/E-mailed:  Yes □ No □ | | | | | | | | | | | | | | Fax # or E-mail Address | | | | | | | |
| **Reentry Accountability Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My self-defeating behavior that blocks my success with this issue: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My behavioral goal to address my issue is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My action plan to meet the above goal: | | | | | | | | | | | | Target Completion Date: | | | | | | | | | | | | | | | | | | Completion Date: | | | |
| Staff action plan to meet the above goal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Referral Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-Custody: □ | | | | | | At Discharge: □ | | | | | | | | | | | | Post-Release: □ | | | | | | | | | | | | | | | |
| Agency Referred To: | | | | Contact Phone: | | | | | | | | Contact Person: | | | | | | | | | | | | | | | | | | | | | |
| Appointment Date/Time: | | | | Location: | | | | | | | | Referral Faxed/E-mailed:  Yes □ No □ | | | | | | | | | | | | | | Fax # or E-mail Address | | | | | | | |
| **Reentry Accountability Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My self-defeating behavior/problem that block my success with this issue: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My behavioral goal to address my problem is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My action plan to meet the above goal: | | | | | | | | | | | | Target Completion Date: | | | | | | | | | | | | | | | | | | Completion Date: | | | |
| Staff action plan to meet the above goal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Referral Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-Custody: □ | | | | | | At Discharge: □ | | | | | | | | | | | | Post-Release: □ | | | | | | | | | | | | | | | |
| Agency Referred To: | | | | Contact Phone: | | | | | | | | Contact Person: | | | | | | | | | | | | | | | | | | | | | |
| Appointment Date/Time: | | | | Location: | | | | | | | | Referral Faxed/E-mailed:  Yes □ No □ | | | | | | | | | | | | | | Fax # or E-mail Address | | | | | | | |
| **Reentry Accountability Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My self-defeating behavior/problem that blocks my success with this issue: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My behavioral goal to address my problem is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My action plan to meet the above goal: | | | | | | | | | | | | Target Completion Date: | | | | | | | | | | | | | | | | | | Completion Date: | | | |
| Staff action plan to meet the above goal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Referral Type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-Custody: □ | | | | | | At Discharge: □ | | | | | | | | | | | | Post-Release: □ | | | | | | | | | | | | | | | |
| Agency Referred To: | | | | Contact Phone: | | | | | | | | Contact Person: | | | | | | | | | | | | | | | | | | | | | |
| Appointment Date/Time: | | | | Location: | | | | | | | | Referral Faxed/E-mailed:  Yes □ No □ | | | | | | | | | | | | | | Fax # or E-mail Address | | | | | | | |
| **Reentry Accountability Plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My self-defeating behavior/problem that blocks my success with this issue: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My behavioral goal to address my problem is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My action plan to meet the above goal: | | | | | | | | | | | | Target Completion Date: | | | | | | | | | | | | | | | | | | Completion Date: | | | |
| Staff action plan to meet the above goal: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Completion of Plan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full plan completed and discussed with inmate? | | | | | | | | | | | | | | | | | | | | | Yes □ | | | | | | | No □ | | | | | |
| If no, why? | Inmate refused □ | | | Court release before plan completed □ | | | | | Incomplete for other reasons □ | | | | | | | | | | | | Specify: | | | | | | | | | | | | |
| **Case Manager/Counselor Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Case Manager/Counselor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility: | | | | | | | | | | | | | Inmate Housing Area: | | | | | | | | | | | | | | | | | | | | |
| Date Memorandum of Agreement Signed: | | | | | | | | | | | | | Date Discharge Plan Completed: | | | | | | | | | | | | | | | | | | | | |
| Case Manager/Counselor (signature): | | | | | | | | | | | | | Phone #: | | | | | | | | | | | | | | | | | | | | |
| Supervisor: | | | | | | | | | | | | | Phone #:  E-mail Address: | | | | | | | | | | | | | | | | | | | | |
| **Inmate Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have participated in the completion of this transition plan, received a copy of this transition plan, emergency numbers for assistance in the community, and necessary psychiatric referrals (if necessary). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inmate’s Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inmate’s Signature: | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | | | |