

Module 7: Appendix A

Transition Plan¹					
Inmate Last Name:		First Name:		MI:	Gender M <input type="checkbox"/> F <input type="checkbox"/>
DOC Number:	SSN#	DOB:		Today's Date:	
Name of Facility:			Person Completing Form:		
Current Status:		Pretrial Detainee <input type="checkbox"/>		Sentenced Inmate <input type="checkbox"/>	
Date of Admission:			Expected Release Date:		
Risk Level, Treatment, and Criminogenic Needs					
Was the inmate's screen and assessment questionnaire reviewed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk/Needs Assessment Score:			High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Interventions Needed					
Identification					
Social Security Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Veteran Identification Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alien Registration Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Valid State ID/Driver's License	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Picture Identification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Military Discharge Papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certificate of Naturalization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High School Diploma/ GED Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	Food Stamps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicaid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SSI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SSD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Veteran	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation					
If known – Time of Release					
Will someone pick up the inmate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:					

Module 7: Appendix A

Does the inmate expect to be released to known housing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the inmate expect to be released to a homeless shelter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of housing assistance required:			
Medical/Mental Health/Dental			
Primary health care needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical specialist needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental health provider needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of last full physical:			
Substance Abuse Counseling/Treatment			
Alcohol counseling/treatment needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance abuse counseling/treatment needed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of care required:		Outpatient <input type="checkbox"/>	Residential <input type="checkbox"/>
Family			
Will have custody of children:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many? Ages: __, __, __, __, __
Family counseling needed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Education			
Has GED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has H.S. diploma Yes <input type="checkbox"/> No <input type="checkbox"/>
Continuing education needed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employment			
Job skills training needed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Area of interest:
Job placement needed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Special skills:
Financial Obligations			
Court:	Child Support:	Medical:	Civil:
Other:	Other:		
In-Jail Program Participation			
Completion Information		Postrelease Referral	
AA/NA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Anger Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Cognitive Behavioral Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Domestic Violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employment Skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Inmate Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Module 7: Appendix A

Parenting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Religious Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Substance Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>

Post-Release Community Referrals

Check each need and then fill out a separate referral for each need.

Aging & Disability Services <input type="checkbox"/>	Community Corrections <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Drug or Alcohol Treatment <input type="checkbox"/>	Education <input type="checkbox"/>
Employment <input type="checkbox"/>	Coping Skills – Family/Children <input type="checkbox"/>	Management of Financial Resources <input type="checkbox"/>	Food/Clothing <input type="checkbox"/>	Health Care Benefits <input type="checkbox"/>
Housing <input type="checkbox"/>	Identification <input type="checkbox"/>	Income/Benefits/Entitlements <input type="checkbox"/>	Life Skills Training	Medical/Dental Care/Local Health Clinic <input type="checkbox"/>
Mental Health Care <input type="checkbox"/>	Medication Assistance <input type="checkbox"/>	Rent Assistance <input type="checkbox"/>	Social Security <input type="checkbox"/>	Transportation <input type="checkbox"/>
Unemployment <input type="checkbox"/>	Vocational Training <input type="checkbox"/>			

1. Referral Type:

In-Custody: <input type="checkbox"/>	At Discharge: <input type="checkbox"/>	Post-Release: <input type="checkbox"/>	
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes <input type="checkbox"/> No <input type="checkbox"/>	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:
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Staff action plan to meet the above goal:

Comments:

2. Referral Type:

In-Custody: <input type="checkbox"/>	At Discharge: <input type="checkbox"/>	Post-Release: <input type="checkbox"/>
Agency Referred To:	Contact Phone:	Contact Person:

Module 7: Appendix A

Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes <input type="checkbox"/> No <input type="checkbox"/>	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: <input type="checkbox"/>		At Discharge: <input type="checkbox"/>	Post-Release: <input type="checkbox"/>
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes <input type="checkbox"/> No <input type="checkbox"/>	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: <input type="checkbox"/>		At Discharge: <input type="checkbox"/>	Post-Release: <input type="checkbox"/>
Agency Referred To:	Contact Phone:	Contact Person:	
Appointment Date/Time:	Location:	Referral Faxed/E-mailed: Yes <input type="checkbox"/> No <input type="checkbox"/>	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:			

Module 7: Appendix A

Completion of Plan					
Full plan completed and discussed with inmate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, why?	Inmate refused <input type="checkbox"/>	Court release before plan completed <input type="checkbox"/>	Incomplete for other reasons <input type="checkbox"/>	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:	

¹ Transition plan adapted from the following plans: New York City Department of Corrections Rikers Island Discharge Enhance (RIDE) Plan; New York City Department of Corrections Discharge Planning Questionnaire; Davidson County, Tennessee, Sheriff's Office Re-Entry Release Plan; Washington, D.C., Department of Corrections Discharge Planning Form; Travis County, Texas, Inmate Discharge Plan; GAINS Re-Entry Checklist for Inmates Identified with Mental Health Service Needs; SAMHSA Sample Prison/Jail Substance Use Disorder Program Discharge Summary to Help with the Reentry Process; State of Missouri Department of Corrections; Douglas County, Kansas, LoCIRP reentry plan.