

RELEASE PLAN INFORMATION

TO	DOC NUMBER	FACILITY NAME	REENTRY ASSESSMENT DATE COMPLETED	
HOUSING UNIT	SOCIAL WORKER NAME		AGENT NUMBER	ES DATE

INSTRUCTIONS TO SOCIAL WORKER:

Social Workers will provide this form to offenders who must complete it prior to being considered for any type of release from prison (i.e., all Parole Commission Interviews, Act 38 release considerations, or ES/MR).

In preparation for your forthcoming Parole Commission Interview and/or release, please fill out this form, which will help plan for your release. This information will be shared with your Social Worker, DCC Agent, and the Parole Commission (if applicable).

RETURN COMPLETED FORM TO THE SOCIAL WORKER NO LATER THAN

PROPOSED RESIDENCE PLAN

PRIMARY ADDRESS			
PERSON'S NAME WITH WHOM YOU WILL LIVE	RELATIONSHIP TO YOU	IS THIS PERSON A VICTIM OF YOUR CRIME <input type="checkbox"/> Yes <input type="checkbox"/> No	
STREET ADDRESS	CITY	STATE	ZIP CODE
PRIMARY HOME PHONE NUMBER	PERSON'S CELL PHONE NUMBER	PERSON'S WORK PHONE NUMBER	

ALTERNATE ADDRESS			
PERSON'S NAME WITH WHOM YOU WILL LIVE	RELATIONSHIP TO YOU	IS THIS PERSON A VICTIM OF YOUR CRIME <input type="checkbox"/> Yes <input type="checkbox"/> No	
STREET ADDRESS	CITY	STATE	ZIP CODE
ALTERNATE HOME PHONE NUMBER	PERSON'S CELL PHONE NUMBER	PERSON'S WORK PHONE NUMBER	
DO YOU NEED HOUSING ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY OF YOUR RELEASE	CITY OF YOUR RELEASE	

EMPLOYMENT

WORK RELEASE		
EMPLOYER NAME	YOUR JOB POSITION	YOUR PAY

SKILLS USED / LEARNED

HOW CAN YOU APPLY THESE SKILLS TO EMPLOYMENT IN THE COMMUNITY

INSTITUTION JOB(S)

LIST ALL JOBS

SKILLS USED / LEARNED

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EMPLOYMENT UPON RELEASE

PROPOSED EMPLOYER NAME			PHONE NUMBER	
STREET ADDRESS	CITY		STATE	ZIP CODE

FINANCIAL

REGULAR ACCOUNT AMOUNT \$	RELEASE ACCOUNT AMOUNT \$	SAVINGS ACCOUNT AMOUNT \$	RESTITUTION AMOUNT OWED \$	CHILD SUPPORT OWED \$
HAVE YOU RECEIVED SOCIAL SECURITY BENEFITS IN THE PAST <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s):			ARE YOU ELIGIBLE FOR VETERANS' BENEFITS <input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTH

DO YOU PLAN TO COMPLETE AN APPLICATION FOR HEALTH INSURANCE PRIOR TO RELEASE? Yes No

DO YOU HAVE ANY CURRENT HEALTH ISSUES (medical, psychological, dental) THAT YOU BELIEVE NEEDS TO BE ADDRESSED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE. You may choose not to answer this question, due to the confidential nature of the information.

DO YOU HAVE MEDICAL APPLIANCES (wheelchair, artificial limbs, etc.) THAT NEED TO BE CONSIDERED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE.

EDUCATION AND TREATMENT UPON RELEASE

EDUCATION / VOCATIONAL GOALS

DO YOU PLAN ON ATTENDING SCHOOL UPON RELEASE?

Yes No If yes, where:

TREATMENT GOALS

ARE YOU INTERESTED IN ATTENDING TREATMENT PROGRAMS WHILE ON SUPERVISION?

Yes No If yes, identify the type below:

Anger Management AODA Domestic Violence Parenting/Family Sex Offender CGIP

Other (list):

LIST LOCATION(S) OF SERVICE PROVIDER

TRANSPORTATION UPON RELEASE

IS SOMEONE PICKING YOU UP

Yes No If yes, list their name:

DO YOU NEED A BUS TICKET

Yes No

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CLOTHING NEEDS UPON RELEASE

LIST NEEDED CLOTHING (INCLUDE SIZES)

VITAL DOCUMENTS / PROPER IDENTIFICATION

CHECK THE BOX(ES) FOR ALL DOCUMENTS THAT YOU HAVE

- Social Security Card Driver's License State Photo ID Birth Certificate

ADDITIONAL INFORMATION

List other information you feel the Parole Commission or your DCC Agent should know about your institution programming, group participation, release activities such as volunteering or involvement with a community based organization, individuals who may assist you when released, and alternate plans you may have, etc. **DO NOT ATTACH ANY DOCUMENTS TO THIS FORM.**

OFFENDER SIGNATURE:	DATE SIGNED ¹
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SOCIAL WORKER STATEMENT

ADDRESS ISSUES OR CONCERNS REGARDING THE OFFENDER'S COMMENTS AND ANY CONDUCT REPORTS ACQUIRED SINCE LAST REVIEW

SOCIAL WORKER SIGNATURE:

DATE SIGNED²