

To be used for inmates with a remaining sentence of 10-60 days to assist in planning release.

BKID: _____ LAST: _____ FIRST: _____ MIDDLE INITIAL: _____
DOB: _____ AGE: _____ RETURNING COUNTY: _____
JUDGE: _____ PROBATION: Y/N LOCATION: _____
TJC Client: Y/N

Do you have a place to live when you are released?

With whom: _____ County: _____ Address: _____

Reentry Plan (Check boxes below if inmate is in need of any of the following items, or is in need of a referral)

- Birth Certificate
- SS Card
- State/Government Issued ID Card
- Reentry ID Card
- Release Report
- Housing
- Community Resources: _____
- Employment Assistance
- MSC Assistance
- Department of Social Services

Behavioral Health (Check boxes below if inmate is in need of any of the following items, or is in need of a referral)

- Mental Health Services
- Bureau of Addictions
- Health Insurance
- Assistance Getting Medications
- Assistance Finding a doctor

1. Do you have any financial obligations? (Child Support, Wage Liens, Restitution) YES NO
2. Do you have any pending cases, warrants, detainers, or open cases? YES NO
3. Do you need a writ to get to court to avoid an FTA? YES NO
4. Transportation: To get home, to work, report to probation, to go to appointments? YES NO
5. Clothing: (Winter) Do you have a coat? YES NO Do you have clothes to wear when released? YES NO

Notes: _____

I understand that my signature on this shows that I have begun or reviewed my Reentry Plan with a HCDC Staff Member. I should use this information to plan for my release. I understand that I can ask for resources now and to access upon my release.

Signature: _____ Date: _____

By signing this form I confirm that I have made the appropriate referrals.

Staff Signature: _____ Date: _____

Note: After looking this over if you have any questions or you need help, look on the kiosk: West Side Counselor, Work Release Counselor, or Reentry.