



Individual Reentry Plan

The **Washington State Department of Corrections** is looking forward to working with you. Although this is a challenging time in your life, please take this time to self-reflect and begin planning for your future. There will be targeted opportunities and pathways supporting your successful transition back into your community. This is intended for your use to begin planning your journey through the 3 phases of reentry (Facility, Transition, Community). We encourage you to take advantage of programs and resources for skill building, self-improvement, and preparing for a successful reentry. Please review your assessed criminogenic risks and programmatic needs and be mindful of areas identified through your Washington ONE assessment as opportunities for growth.

Your **Individual Reentry Plan (IRP)** will include this plan and attachments to create an individualized portfolio. Your plan should include your SMART goals and objectives, essential needs checklist, letters of support, personal education achievements, certifications, employment skills, work experience, skills, and training received prior to and during incarceration, resources specific to your county, and any other documents that you feel will support your successful reentry. You should review and update your plan throughout the 3 phases, with a focus on updates prior to transferring to your community.

Reentry Team Meetings (RTMs) may be offered to discuss how to support you for successful reentry. Your Individual Reentry Plan, Individualized portfolio, SMART goals, and next steps would be reviewed at the RTM. Depending on your reentry path these meetings may occur during the transition phase of your incarceration and could include current support system members and community partners.

Please take your time completing your Individual Reentry Plan by answering all the questions as honestly as you can. The answers you provide in this plan will assist in identifying any unmet needs you may have so current support system members and community partners, and staff can provide you information on community-based resources to support you in your success. This plan will also assist you in organizing your thoughts, identifying areas where you may still need assistance, and help you to track where you are at with your SMART Goals and Individual Reentry Plan to align with your Mission Statement.

Mission Statement- A personal mission statement defines who you are as a person and identifies your purpose in life or a specific area of your life. It explains how you pursue that purpose and why it matters so much to you.

SMART (Specific, Measurable, Achievable, Relevant, Time-Based) Goals: Goals are thoughts you have about the future that you wish to make happen. Using the SMART Goals framework sets boundaries and defines the steps you will need to take, resources necessary to get there, and milestones that indicate progress along the way. With SMART goals you are more likely to achieve your goal efficiently and effectively.



Name	DOC	
Anticipated release or transfer date to the community:		
Facility Phase IRP Completed on:	Transition Phase IRP Completed on:	Community Phase IRP Completed on:
Review(s) and Update(s) Completed on:		

Goal Setting

1. What is your Mission Statement?	
2. What would you like to accomplish during each phase of reentry? <i>(Facility, Transition, Community)</i>	
Facility Goal:	
Transition Goal:	
Community Goal:	
3. Have you developed a SMART Goals plan outlining how you will achieve these goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Identification

Check what forms of identification you <u>will have</u> when you transition to the community?	What forms of identification will you <u>still need</u> to get after your transition to the community?
<input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Veteran ID <input type="checkbox"/> Immigration ID <input type="checkbox"/> Prison ID <input type="checkbox"/> Military DD214 <input type="checkbox"/> Tribal ID	<input type="checkbox"/> State ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Veteran ID <input type="checkbox"/> Immigration ID <input type="checkbox"/> Prison ID <input type="checkbox"/> Military DD214 <input type="checkbox"/> Tribal ID
1. What problems have you had in the past or think you might run into in trying to obtain these needed documents?	
<i>If you are currently in a corrections center, please ask staff to assist you in getting your ID and social security card prior to your transfer to the community (reentry center or electronic home monitoring). If you are in the community and experiencing trouble obtaining your identification documents, please contact staff for further assistance.</i>	



2. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you have it in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you <u>do not</u> have a valid driver's license, why not? (check all that apply)		<input type="checkbox"/> Never had a license	<input type="checkbox"/> Unpaid tickets
		<input type="checkbox"/> Ignition interlock needed	<input type="checkbox"/> Testing needed
		<input type="checkbox"/> Revoked	<input type="checkbox"/> Expired
Please explain:			
3. Does the county your license is suspended or revoked in have a driver's license reinstatement program?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
4. Do you need assistance in finding and/or navigating a relicensing program?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
5. If you have unpaid tickets, do you know what collection agency to contact to start paying?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
<i>If no, staff may be able to assist you with a driver's abstract (driving status, any unpaid tickets and contact information for paying the tickets).</i>			

Housing (Residential)

1. Where do you plan on living upon transition to the community and how long will this living arrangement be available? Or where are you currently living (community phase) and how long will this arrangement be available?
2. Who else will be living with you at this residence? Or is living with you (community phase)? <i>(Include first names, ages, and relationship to you for all household members if known)</i>
3. What challenges or barriers do you think you will be faced with while living at this residence?
4. What is your plan of action to overcome these challenges or barriers?
5. What resources do you need to succeed with this plan (personal supports, group supports, mentorship)?

6. If you have not secured housing, what are your housing options? You should be working on at least 3 housing possibilities. <i>(Staff can provide housing resources)</i>	
a.	
b.	
c.	
7. Will you be utilizing a DOC housing voucher? <i>(Transition phase only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What are your plans for permanent housing?	

Education/Vocational

1. What education and training goals did you set and/or accomplish while incarcerated? Or post incarceration? <i>(Community phase)</i>	
2. What other educational programing/training have you attended or completed while incarcerated?	
3. Do you have copies of your certificates or college transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered no, please contact your instructors or the education staff to get these important documents prior to transferring to the community.</i>	
4. How will you use what you have learned from these programs to help you succeed in the community?	
5. Is there any other education, programing, or workshops you want to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what do you need to do to complete this?	

6. Are you currently working with an Education Navigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, staff can assist you with connecting to the facility or community Education Navigator.</i>	
7. Are you interested in a pre-apprenticeship, vocational, technology programs or trades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which programs are you interested in?	
8. Are you registered for the selective service? <i>(This can impact your ability to apply and receive financial assistance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Do you have any outstanding financial aid debt that could prevent you from applying for FAFSA <i>(Free Application for Federal Student Aid)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Employment

1. What are three jobs you have held in the community that you felt most successful at? List job titles and type of work.	
a.	
b.	
c.	
2. What specific type of work do you want to obtain? List 3 or more (<i>"any job" is not an answer</i>)	
a.	
b.	
c.	
3. Do you have an updated resume, references, and cover letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What challenges or barriers do you anticipate with securing employment or maintaining employment?	
5. How do you plan to overcome these challenges or barriers, and who can help you?	

Supplemental Income

1. Are you currently receiving any supplemental income? (i.e., pension, apportionment of VA benefits, back child support etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, from what source(s)?		
2. Do you intend to apply for the following? <i>If none, skip to the Financial Management section</i>		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Food Stamps <input type="checkbox"/> Women, Infants and Children (WIC) <input type="checkbox"/> Cash assistance <input type="checkbox"/> Child Support <input type="checkbox"/> VA Benefits <input type="checkbox"/> Tribal (SPIPA) <input type="checkbox"/> Other. Please Specify: _____		
3. It can take several months after your transition to the community for some of these supplemental incomes to be approved. How will you support yourself while waiting for this approval?		

Financial Management (Transition and Community Phase)

1. How are you currently managing your money?		
2. Do you have an active bank account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you anticipate facing any barriers to opening a bank account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:		
4. Do you know your credit score?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you follow a financial budget each month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a plan to pay your child support?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. If you have Legal Financial Obligations (LFO), do you know how much you owe?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. If you owe on LFOs, are you prepared to make payments.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Social Support (Social Influences)

Creating Your Community Support System- What specific people do you want around you after your transition?	
Mentors:	
Support Groups:	
Peer Groups:	
Spiritual/Religious:	
Therapy:	
Cultural:	
1. What are the things you can do to maintain and improve your support system?	
2. What do your relationships with family, extended family, loved ones or current support system look like?	
3. What are some ways you have been supporting and/or maintaining connection with your family, extended family, children or loved ones?	
4. What social support groups are you interested in attending? (For Facility phase please connect with your classification counselor to meet programming needs where available. For transition and community phases staff can provide resources for your county of release as requested.)	
<input type="checkbox"/> NA (Narcotics Anonymous) <input type="checkbox"/> AA (Alcoholics Anonymous) <input type="checkbox"/> Parenting (Miscellaneous programs/groups) <input type="checkbox"/> GA (Gamblers Anonymous) <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> NAMI (National Alliance on Mental Illness) <input type="checkbox"/> Al-ANON (support for people worried about someone with a drinking problem) <input type="checkbox"/> Religious programs/places of worship <input type="checkbox"/> Other
5. Do you have a mentor or a sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a plan to obtain a mentor or sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parenting (Skip to *Overcoming Thinking Errors* section if you will not have children in your care or do not have children)

1. How many children are you the parent or guardian of (living with you or not)? List first names, ages, and relationship to you (<i>i.e., stepson, daughter</i>).	
2. What active role will you play in your children's lives? Or maintain contact?	
3. Do you have a dependency case (CPS involvement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the next steps you need to take to meet your goal?	
4. Do you anticipate needing to complete a parenting class for any reason? (<i>i.e., participation in CPA, requirement of divorce decree, involvement in a dependency case</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already engaged/Completed

Hobbies/Interests

1. What healthy hobbies have you enjoyed while incarcerated that you will continue to enjoy as you transition to the community? (<i>reading, writing, exercising, etc.</i>)
2. What healthy hobbies or activities would you like to pursue in the future?
3. How has participation in these positive activities helped motivate you to accomplish the goals you have set for yourself?
4. What kind of tools, assistance, and support do you need to establish a healthy routine?

Overcoming Thinking Challenges (*Attitudes, Behaviors & Aggression*)

1. What will be the warning signs that you would want your support systems to look for that you may be on the pathway back to negative behaviors?
2. What do you want your support system to do for you if you are going back to negative behaviors?
3. What will you do when faced with thoughts of going back into negative behaviors?
4. What supports do you need to help navigate successfully through these types of challenges?

Other

1. What other needs do you have that are not already covered in this plan throughout the 3 phases (Facility, Transition, Community) of reentry?
a.
b.
c.
2. What other services and resources do you need to meet your needs?



Access to Healthcare (If you are within 30 days of your transfer to the community from a facility and have NOT met with facility medical staff regarding enrollment in an insurance plan under the Affordable Care Act (ACA), please contact facility medical staff. If you are at a reentry center and do not have ACA medical, please contact staff.)

BEFORE SHARING THIS DOCUMENT WITH A COMMUNITY MEMBER (SUPPORT OR PROVIDER) A RELEASE OF INFORMATION IS REQUIRED.

<http://insidedoc/forms/default.aspx?type=keyword&filter=Release%20of%20Information>

1. Are you interested in the Medication for Opioid Use Disorder (MOUD) program?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied/Assessed <i>(If yes, staff can refer you to MOUD program staff)</i>
2. What medical needs are a priority for you?		
<input type="checkbox"/> Physical Health <input type="checkbox"/> Dental <input type="checkbox"/> Mental or Behavioral Health <input type="checkbox"/> Medical equipment <input type="checkbox"/> Prescription(s) <input type="checkbox"/> Other		
Explain needs:		
3. How will your physical and mental health improve by following through with these medical needs?		
4. Do you currently have any medical issues that require follow-up appointments?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment/Aftercare (Substance Abuse & Mental Health)

1. Have you participated in treatment during this incarceration? (Chemical Dependency, Domestic Violence, Sex Offender Treatment Program, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have outpatient requirements in the community?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any assessments you need/want to complete (court-ordered or self-referred) once you transition to the community? (MH, CD, DV, SO, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what assessment(s) will you complete? (Staff can provide you a list of treatment providers in your county of release)		