REENTRY COMMUNITY SERVICES PROGRAM TRANSITION PLAN

Participant ______________________ DOC number ____________ ProviderOne ____________

CONTACT INFORMATION

Transition Corrections Mental Health Counselor ______________________ Phone number ____________

Case manager ______________________ Phone number ____________

Mental Health provider ______________________ Phone number ____________

Substance Use Disorder (SUD) provider ______________________ Phone number ____________

Pharmacy ______________________ Phone number ____________

Sponsor/family member ______________________ Phone number ____________

Other ______________________ Phone number ____________

Emergency contact ______________________ Phone number ____________

COMMUNITY INFORMATION

Housing: ______________________

Primary transportation, excludes day of release (e.g., to/from appointments): ______________________

Resources (e.g., clothing/food banks close to housing): ______________________

Identified treatment plan goals: ______________________

Hobbies and activities once released: ______________________

7 DAY PLAN AFTER RELEASE

Enter next 7 days after release in top row and add any activities/appointments, locations and transportation arrangements below.

Day:	Day:	Day:	Day:	Day:	Day:	Day:

APPOINTMENTS AFTER FIRST WEEK

____

____

____

MEDICATION

Enter release medication information, including amount to take and time of day. Information should be obtained from the facility psychiatrist/primary therapist or community mental health provider.

MORNING	AFTERNOON	EVENING

OTHER

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PARTICIPANT INFORMATION

Participant	DOC number	Gender

Date of birth	Early release date	MAX release date	Planned release rate

MULTI-SYSTEM CARE PLANNING TEAM (MSCPT) MEMBERS AND CONTACT INFORMATION

Transition Corrections Mental Health Counselor	Phone number
Case manager	Phone number
Mental Health provider	Phone number
Substance Use Disorder (SUD) provider	Phone number
Psychiatric Social Worker/Primary Therapist	Phone number
Sponsor/family member	Phone number
Other	Phone number

PRE-RELEASE INFORMATION

Housing: ______________________________ ProviderOne number: ______________

Affordable Care Act (ACA) application complete? ☐ Yes ☐ No ☐ N/A

Transition Offender Assistance Program (TOAP) application complete? ☐ Yes ☐ No ☐ N/A

Supplemental Security Income (SSI) history within the last year? ☐ Yes ☐ No ☐ N/A

SSI appointment scheduled and/or SSI application packet submitted? ☐ Yes ☐ No ☐ N/A

Identification card application submitted/received before release? ☐ Yes ☐ No ☐ N/A

Additional information regarding finances, housing, federal/state assistance programs, and personal/household items: ______________________________

☐ Yes ☐ No ☐ N/A Cell phone obtained? Other communication: ______________

Transportation after day of release (e.g., appointments): ______________________________

If bus will be primary mode of transportation:

Bus route map given at release? ☐ Yes ☐ No ☐ N/A

Individual knows how to use the bus? ☐ Yes ☐ No ☐ N/A

Intake completed by contracted community mental health provider? ☐ Yes ☐ No ☐ N/A

Symptoms likely to be signs of decompensation (Request from primary therapist or see discharge summary):

____

☐ Yes ☐ No ☐ N/A Release medications: ________________

☐ Yes ☐ No ☐ N/A Durable medical equipment needed: ________________

☐ Yes ☐ No ☐ N/A Medical follow-up needed. Identify provider: ________________

☐ Yes ☐ No ☐ N/A Substance Use Disorder (SUD) treatment follow-up recommended?

☐ Yes ☐ No ☐ N/A Released on Medication Assisted Treatment (MAT)?

☐ Yes ☐ No ☐ N/A MAT community provider/referral: ________________

☐ Yes ☐ No ☐ N/A Advance Directive information given to participant?

DAY OF RELEASE PLAN

Transportation from facility: ________________

Appointments, if applicable:

Date: ____________ Time: ____________ Location: ________________

Date: ____________ Time: ____________ Location: ________________

Housing and personal needs (e.g., shopping): ________________

ADDITIONAL INFORMATION RELATED TO TRANSITION

Additional appointments, if applicable:

Date: ____________ Time: ____________ Location: ________________

Date: ____________ Time: ____________ Location: ________________

Use only if applicable and information has not yet been included:

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