

Rikers Island Discharge - Release Plan

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"/>	Iran 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 No

If yes, who?

If no, how will the inmate get home?

Housing (include all more housing options)

Address at Release:

Apt #:

City:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

Residents in Home? (Yes/No), Will there be issues?

Does the inmate expect to be released to known housing?

Yes No

Does the inmate expect to be released to a homeless shelter?

Yes No

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 / PRISON Program Participation			
Completion Information			Post release 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"/>
Parenting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Religious Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Substance Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <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:

At Discharge:

Post-Release:

Agency Referred To:

Contact Phone:

Contact Person:

Appointment Date/Time:

Location:

Referral faxed/E-mailed:

Fax # or E-mail Address

Yes No

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:

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:	
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:

At Discharge:

Post-Release:

Agency Referred To:

Contact Person:

Contact Person:

Appointment Date/Time:

Location:

Referral Faxed/E-mailed:

Fax # or E-mail Address

Yes No

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:					
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:			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