

Fran Carlson  
7-22-14

## Re-Entry Check List

**Instructions:** This Re-Entry check list is to be used by DOC Facility and Probation & Parole staff for any individual incarcerated or under community supervision prior to their release. This form can be used anytime within the twelve months before release, but will be updated 30 days prior to release. For all individuals designated SFI this form will be forwarded to the receiving community's LIT or SFI Team to assist and support the individual's release into their community. Selecting "Yes" indicates that the stated document is present or the service is in place (or a referral has been made if that is all that can be done).

Inmate/Offender Last Name:		First Name:		MI:	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
DOB:		DOC PID Number:		Today's Date:		
Name of Facility/District Office:			Person Completing Form:			
Current Status:		Pretrial Detainee <input type="checkbox"/>		Sentenced Inmate <input type="checkbox"/>		
Date of Admission:			Expected Release Date:			
<b>CRIMINAL RISK</b>						
Criminal Risk:				High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Sex Offender Risk:				High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
<b>IDENTIFICATION DOCUMENTS</b>						
Picture Identification (State ID, Driver's License, Passport, or at minimum ID issued by the facility)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Other (Birth Certificate, Social Security Card, Military Papers, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>APPLICATION FOR BENEFITS</b>						
3Squares Vermont (Food Stamps)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran Benefits Yes <input type="checkbox"/> No <input type="checkbox"/>		
VT Health Connect Medicaid, Medicare		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		SSI SSDI Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Not Applicable (please explain):						
<b>BASIC NEEDS</b>						
Address at Release:				Apt #:		
City:		State:		Zip Code:		
Home Phone:		Cell Phone:		Work Phone:		
Type of Housing/Residence/Hotel/Shelter/Other:						
Food/Money:						
Clothing:						
Transportation:						
<b>SFI/MEDICAL/MENTAL HEALTH/DEVELOPMENTAL SERVICES (identify provider or indicate "not applicable")</b>						
Designated SFI				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Previously eligible for:				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Developmental Services (DS) Waiver				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vermont Choices for Care Medicaid Waiver (CFC)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Traumatic Brain Injury (TBI) Waiver				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Community Rehabilitation and Treatment (CRT)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Recommend screening for DS Waiver, Choices for Care, TBI Waiver, and CRT eligibility? (CIRCLE RECOMMENDATION)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Designated Mental Health/Developmental Service Agency:				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
Intake or Appointment Scheduled (if so, when)?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Psychotropic Medication:				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		
Pharmacy Information:						
Point Person for Calling in Prescription:						
Psychiatric Appointment Scheduled (if so, when)?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chronic Medical Conditions:				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>		

1 r u n c a r i s o n  
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**VIA Member Institutions**

**Cathedral Church of St. Paul (Episcopal), Burlington**

**Christ Church, Presbyterian PC(USA), Burlington**

**College St Congregational Church (UCC), Burlington**

**First United Methodist Church of Burlington**

**First Unitarian Universalist Society, Burlington**

**Ohavi Zedek Synagogue, Burlington**

**Sister of Mercy**

**Christ Episcopal Church, Montpelier**

**Church of the Good Shepherd, Barre (Episcopal)**

**First Presbyterian Church of Barre**

**Unitarian Church of Montpelier**

**First Church in Barre, Universalist**