



Department of Public Safety and Correctional Services

Transfer Referral Packet Checklist

TO: _____, RPOC Corrections Liaison

FROM: _____, Corrections Liaison Designee

CORRECTIONAL FACILITY: _____ Date: _____

Inmate: _____ Number: _____

The above inmate has been processed by case management staff for transfer to the local reentry program in the county of _____.

In accordance with the provisions of this manual, a referral packet including the information listed below is attached. All items checked are attached.

- Approved home plan verification for the county, if applicable
- Application for Transfer and Local Reentry Transfer Notification and Acknowledgement Form (Appendices 2 and 3 to CMM-6)
- Case notes and case plan including release/transition plan
- Updated inmate identification photograph
- Photocopy of inmate's fingerprints
- Copy of outstanding warrants or pending charges, if applicable
- Copies of the inmate's court commitment(s) and any other judicial or administrative rulings which resulted in confinement or community supervision
- Copy of the State's version, PSI, or account of offense(s)
- Written summary of the inmate's disciplinary record for the past 5 years
- Current risk assessment score, VPI, and DNA status
- Victim services processing, if applicable
- Updated summary of inmate's medical, mental health, and dental records.
- Updated Transfer/Receiving Form and Continuity of Care Form
- Medications envelope
- Durable medical equipment receipt for hearing aid, prosthetic, wheel chair, cane, and other equipment