

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

RELEASE DOCUMENTATION ENVELOPE

Name:		
SID:	CL/DOC:	Release Date:

PERSONAL IDENTIFICATION DOCUMENTS

Enclosed	Not Enclosed - Comments and Notes	INITIAL
<input type="checkbox"/> Birth Certificate	<input type="radio"/> Not Applicable _____ <input type="radio"/> Refused Assistance (dates): _____ <input type="radio"/> Not Received Prior to Release (forwarding Information below)	Case Management
<input type="checkbox"/> Social Security Card	<input type="radio"/> Not Applicable _____ <input type="radio"/> Refused Assistance (dates): _____ <input type="radio"/> Not Received Prior to Release (forwarding Information below)	Case Management
<input type="checkbox"/> MVA ID Card	<input type="radio"/> Not Applicable _____ <input type="radio"/> Refused Assistance (dates): _____ <input type="radio"/> Not Received Prior to Release (forwarding Information below)	Case Management
<input type="checkbox"/> DD 214 – Military Discharge Certification	<input type="radio"/> Not Applicable _____ <input type="radio"/> Refused Assistance (dates): _____ <input type="radio"/> Not Received Prior to Release (forwarding Information below)	Case Management
<input type="checkbox"/> DOC Release Card (R-Card)	<input type="radio"/> Not Applicable If MVA ID Card in Envelope	Custody
<input type="checkbox"/> Forwarding and Contact Information:		

RELEASE DOCUMENTS AND INSTRUCTIONS

	INITIAL
<input type="checkbox"/> Release Certificate <input type="radio"/> Parole <input type="radio"/> Mandatory Release <input type="radio"/> Expiration <input type="radio"/> Detainer	Case Management
<input type="checkbox"/> DPP Office Location and Contact Information <input type="radio"/> Not Applicable <input type="radio"/> Interstate Compact	Case Management
<input type="checkbox"/> Notice of Sex Offender Supervision Registration Requirement <input type="radio"/> Not Applicable	Case Management

ENTITLEMENT APPLICATIONS, MEDICAL DOCUMENTS, AND MEDICATION

	INITIAL
<input type="checkbox"/> Entitlement Documents <input type="radio"/> SNAP <input type="radio"/> TANF, <input type="radio"/> Medicaid, <input type="radio"/> Medicare, <input type="radio"/> Social Security Benefits, <input type="radio"/> Other _____	Social Work
<input type="checkbox"/> Continuity of Care Form <input type="radio"/> Medical Provided to Inmate at Last Appointment	Medical
<input type="radio"/> Medication (See COC for details)	Medical
<input type="radio"/> Naloxone Prescription	Medical
<input type="radio"/> COVID-19 Vaccination Record and Acknowledgement of Receipt of COVID-19 Educational Documents	Medical
<input type="radio"/> Other _____	Medical

INMATE PERSONAL PROPERTY

	INITIAL
<input type="checkbox"/> Personal Property Property Description:	Custody
<input type="checkbox"/> Money \$ _____ Cash \$ _____ Check/Debit Card	Custody

ACKNOWLEDGEMENTS AND ASSURANCES

I, Case Management Employee, certify that the above-specified documents are enclosed in this envelope and that this envelope was provided to Custody Employee on Date, at Time.

Case Management Signature: _____

Designated Custody Signature: _____

I, the designated custody staff, certify that all of the above specified documents and items are enclosed in this envelope and it has been sealed on this day, _____ at _____.

Designated Custody Signature: _____

I, Name of Individual Being Released, acknowledge receipt of this sealed envelope and any additional items indicated above:

Released Individual Signature: _____ **Date:** _____