DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK RELEASE PLANNING ASSESSMENT

Name:		Screening Date:	
DOC/SID#:	DOB:	Age:	Social Security #:
Present Offense:		Sentence:	Release Date:
# of Incarceration -- Prison		Age of First Incarceration:	
Date of Incarceration:		Most Serious Offense:	
Type of Release:		MCE Past or Current Participation:	
Detainer(s):		County of Residence:	
Sex Offense(s): ☐ Yes ☐ No		History of Domestic Violence: ☐ Yes ☐ No	

I. Condition	Yes	No	Comments / Additional Information	
			Self-reported	Electronic Health Record
SMI History				
History of Suicidal Thoughts / Attempts				
Chronic Medical Condition				
Intellectually Challenged/TBI				
Geriatric/Long Term Incarceration				
Other				

II. Duration of Condition	Yes	No	Comments / Additional Information	
History of Treatment			Mental Health	Physical Health
Community				
Prison				
History of Hospitalization				
Community				
Prison				

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III. Current Treatment		Yes	No	Comments / Additional Information
	By Psychology			
	By Psychiatrist			
	By Medical Doctor			

IV. Current Medication

Medication	Prescribed for	Compliant Yes/No Self-Report	If not compliant – why?

V. Housing

Home Plan ☐ No ☐ Yes
With whom are/will you be living:

_____

Relationship:

_____

Address:

_____

_____

_____

_____

Needs Supportive Housing	☐	Yes	☐	No
Homeless Before Prison	☐	Yes	☐	No

Last County of Residence

VI. Family / Social Support

Marital Status	
# of Children Age Range:	
Whereabouts of Children i.e., Relative, Foster Care Do they visit?	

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Emergency Contact:	
Other Supports: (i.e., who calls you, who visits you, who could help provide transportation…)	
VII. Work History	
Lack Work Skills ☐ Yes ☐ No	
Employment Skills:	
Jobs Held:	
Longest Employment:	Last Job Held:
Date of Last Employment:	
Ever Served in the Military ☐ Yes ☐ No	
Branch:	Length of Srvices:
Type of Discharge:	Did You See Combat:

VII. Educational History	✓	Name of Educational Institution/Other Comments
Highest Grade Completed		
GED		
Special Education		
Vocational/ Trade School		
Did you receive any of the following:		
Diploma		
Degree		
Certification		
Specific Job Training (fork lift, masonry)		

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IX. Alcohol / Drug Use

Substance	Age of First Use	# of Years Used	Last Use	Received Treatment

X. Entitlements in Community

What Type(s)

- Medical Assistance
- SSI/SSDI
- Other

XI. Identification	Yes	No	Comments
Social Security Card			
Birth Certificate			
MD ID Card			
DD214			

Disposition Comments:

_____

_____

_____

_____

- ☐ Accept for Social Work Release Planning Services
- ☐ Refer to Medical Discharge Planner
- ☐ Refer to Reentry and Transitional Services Specialist
- ☐ Other: _____

Social Worker _____

Date Completed _____