



**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK RELEASE PLANNING CASE ASSIGNMENT AND FACE SHEET**

Name: _____ SID#: _____

Facility: _____ Social Security #: _____ DOB: _____

Release Date: _____ Type of Release: MP Parole MS Exp. Court

Case Assigned to: _____ on _____
(Date)

Incarcerated Individual should be seen for a face to face meeting within 10 days of assignment

Problem Area (check all that applies; mark the primary need as number 1)

- | | |
|--|--|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other: |

Release Plan Component: (check if completed)

- Social Work Consent(s)
- Housing
- Mental Health appointment
- Medical appointment
- Substance Abuse appointment
- Medical Assistance application
- Social Security application
- Progress Notes
- Release Plan

Contact Made With:

Medical _____
 Family _____
 Case Manager _____
 Psychology _____
 Parole _____
 Support Services _____
 Reentry Services _____
 Other _____

Birth Certificate Yes No Pending

Social Security Card Yes No Pending

Comments: _____

File Completion Date: _____

Staff Signature: _____