DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK RELEASE PLAN

Name: _____ SID#: _____

Facility: _____ Date of Release _____

Housing:

Name of Placement (if applicable): _____
Address: _____
Phone Number: _____
Contact Person: _____
Relationship: _____

Comments/Instructions: _____

_____

_____

Parole Probation:

Name of Field Office: _____
Address: _____
Phone Number: _____
Contact Person (if applicable): _____

You will need to report to this office to be assigned an agent on _____ (Date) by _____ (Time) .

Comments/Instructions: _____

_____

_____

Social Security Administration:

Name of Field Office: _____
Address: _____
Phone Number: _____

Comments/Instructions: You will need to go to the social security office as soon as possible to further process your benefits; take your birth certificate, social security card, release paperwork, and any social security paperwork with you. If you qualify for SSI/SSDI you will need to open up a bank account to have your payments directly deposited.

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Medical Assistance:

Your Medicaid application has been completed by _____ on _____ .
(Name) (Date)

Medicaid # (if applicable): _____

Comments/Instructions: If address provided on the Medicaid application is different from where you will be residing, you will need to contact your local health department or Department of Social Services.

Medical Care:

Provider: _____
Address: _____
Phone Number: _____

An appointment has been scheduled for you on _____ at _____ .
(Date) (Time)

Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).

Mental Health:

Provider: _____
Address: _____
Phone Number: _____

An appointment has been scheduled for you on _____ at _____ .
(Date) (Time)

Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).

Substance Abuse or NA/AA Resources:

Provider: _____
Address: _____
Phone Number: _____

An appointment has been scheduled for you on _____ at _____ .
(Date) (Time)

Comments/Instructions: Please take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).

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Department of Social Services:

Address: _____

Phone Number: _____

Comments/Instructions: Go here to apply for any additional benefits such as Temporary Cash Assistance (TCA), Food Stamps (SNAP), and Temporary Disability of Adult Person (TDAP). Ask for any other services you may qualify for. Take with you a list of your medications, diagnoses, medical card (Medicaid # if you don't have the card), and a form of ID (R card/MD ID).

Other Resources (as applicable):

Transportation: _____

Employment: _____

Job Center: _____

GED Program: _____

MVA: _____

Other: _____

Documents:

Your birth certificate, social security card, and MVA ID (if you have one) will be provided to you in your release packet at the time of release.

Important Numbers:

- Maryland 211 – First Call For Help
- 988 – Suicide and Crisis Lifeline

Social Worker:

Name: _____

Office Phone Number: _____

My signature on this document indicates that I have participated in the development of my aftercare plan. I have been given the opportunity to review and discuss this aftercare plan with my department social worker assigned to assist me with release planning services. By signing, I am also acknowledging that have accepted the plan and I understand that it is my responsibility to keep the appointments and/or follow the instructions on the plan.

_____ _____

Signature Date Staff Signature Date