DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
MEDICAL PAROLE RELEASE PLAN

Name: _____ SID#: _____

Facility: _____

Medical Care:

Agency: _____
Address: _____
Phone Number: _____
Contact Person: _____
Appointment Date/Time: _____

Housing:

Caregiver/Support Person: _____
Address: _____
Phone Number: _____

Confirmed Available ☐ Yes ☐ No

Financial Support:

Type: _____
Application Initiated (Date): _____
Contact Person: _____
Address: _____
Phone Number: _____

Special Needs:

Type: _____
Plan: _____

Anticipated Barriers/Clinical Concerns (use separate sheet as necessary)

_____

_____

_____ days will be needed to implement this plan.

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Important Numbers:

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

Social Worker:

Name: _____

Date: _____