Maryland Department of Public Safety and Correctional Services

Individualized Reentry Release Plan

Last Name:_____ First Name:_____ DOB:_____

SID Number: _____ DOC:_____ Release Date:_____ Regional / County:_____

Reentry Specialist Name: _____ Assigned Case Manger Name: _____

Part 1 – Community Resource Information (*Note: The reentry specialist may provide the individual with approved supplemental community resource information, e.g. brochures, pamphlets, intake referral forms. The reentry specialist must document detailed information such as, name of service provider, address, contact number, website address.)*

Personal or Community Resource	Agency Service Provider and General Information
Birth Certificate (Required)	● Your birth certificate is in your Release Envelope. ● You indicated your birth certificate is at home or accessible. ● You declined assistance with retrieving a birth certificate. If you would like to get your own Birth Certificate go to: https://health.maryland.gov/vsa/Pages/birth.aspx and www.vitalchek.com
Social Security Card (Required)	● Your social security card is in your Release Envelope. ● You indicated your social security card at home or accessible. ● You declined assistance with retrieving a social security card. If you declined a Social Security Card and would like to obtain it when released go to or call: https://www.ssa.gov/ **Phone: 1-800-772-1213**
Supplemental Security Income (SSI) **Social Security Disability Insurance (SSDI)**	If you would like information about SSI or SSDI, upon your release go to or call: Social Security Administration https://www.ssa.gov/ **Phone: 1-800-772-1213**

Personal or Community Resource	Agency Service Provider and General Information
State/Government Issued ID Card (Required)	● Your MVA card is in your Release Envelope. ● You indicated your MVA card at home or accessible. ● You declined assistance with retrieving a MVA card. If you declined a MVA card and would like to obtain it when released go to or call: https://mva.maryland.gov **Phone : 1-800-950-1682**
Medicaid/Medicare Insurance Card **Supplemental Nutrition Assistance Program (SNAP)** **Temporary Cash Assistance (TCA)**	● Your Medicaid/Medicare Insurance card is in your Release Envelope. ● You declined assistance with retrieving a Medicaid/Medicare card. ● Not applicable ● Informational documents about SNAP and TCA, e.g. how to apply, are provided in your Release Envelope ● Declined information If you would like additional information about SNAP or TCA, upon your release go to or call: Department of Human Services https://dhs.maryland.gov/ **Phone: 1-800-332-6347**
Certificate of release or discharge from Active Duty – Form DD214	● Military record/documents or information is in your Release Envelope. ● You declined assistance with obtaining military records.
Voter Registration	Maryland Voter Registration application and Restoration of Voting Rights information is included in the Release Envelope

Personal or Community Resource	Agency Service Provider and General Information
Veterans Assistance	If you need assistance with veteran affairs go to or call: US Department of Veteran Affairs https://www.va.gov/ **Phone: 1800-698-2411**
Emergency Housing Resources	
Americans with Disabilities (ADA)	
Mental Health Services	
Substance Use Treatment	

Personal or Community Resource	Agency Service Provider and General Information
Department of Labor-Reentry Navigator for Employment Assistance	
Maryland Legal Aid	
Division of Parole and Probation Intake Office	Detailed reporting instructions are printed on your Mandatory Supervision Release Certificate or Order for Release on Parole paperwork
Additional Information:	

Part 2 – Reentry Specialist Release Plan Verification *(Complete within 30 days of an individual's release to the community. Adhere to appropriate processing and timeline guidelines outlined in OPSM.160.0001 – Reentry Unit Procedures Manual.)*

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services	Changes/Comments
Birth Certificate (Required)			● Received (Date)_____ ● Pending ● Not Received ● Other	
Gov't ID Card (Required)			● Received (Date)_____ ● Pending ● Not Received ● Other	
Social Security Card (Required)			● Received (Date)_____ ● Pending ● Not Received ● Other	
Military Form DD214			● Received (Date)_____ ● Pending ● Not Received ● Other	
Voter Registration			● Received (Date)_____ ● Pending ● Not Received ● Other	
Medicaid/Medicare Insurance Card			● Received (Date)_____ ● Pending ● Not Received ● Other	
Supplemental Nutrition Assistance Program (SNAP)			● Received (Date)_____ ● Pending ● Not Received ● Other	

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services	Changes/Comments
Temporary Cash Assistance			● Received (Date)_____ ● Pending ● Not Received ● Other	
Emergency Housing Resources			● Received (Date)_____ ● Pending ● Not Received ● Other	
Americans with Disabilities (ADA)			● Received (Date)_____ ● Pending ● Not Received ● Other	
Mental Health Services			● Received (Date)_____ ● Pending ● Not Received ● Other	
Substance Use Treatment			● Received (Date)_____ ● Pending ● Not Received ● Other	
Department of Labor-Reentry Navigator for Employment Assistance			● Received (Date)_____ ● Pending ● Not Received ● Other	
Maryland Legal Aid			● Received (Date)_____ ● Pending ● Not Received ● Other	

Services to be Provided	Indicate if: Services Denied (D) Services Not Needed (NN) Services Not Applicable (NA)	Contacted Provider Yes or No	Status of Documents/Services	Changes/Comments
Division of Parole and Probation Intake Office			● Received (Date)_____ ● Pending ● Not Received ● Other	
Other:			● Received (Date)_____ ● Pending ● Not Received ● Other	
Other:			● Received (Date)_____ ● Pending ● Not Received ● Other	

_____ _____

Reentry Specialist's Signature - Date

Incarcerated Individual Signature - Date