**Questions for Release Planners**

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| **Individual Name:** | Click or tap here to enter text. | **Date of Birth:** | Click or tap to enter a date. |

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| Release Date: | Click or tap to enter a date. | | Release Facility: | | | Click or tap here to enter text. | | | |
| Who will transport the individual from the releasing facility? | | | | | | Click or tap here to enter text. | | | |
| Does the individual have property in the Property Department to be acquired upon release? | | | | | | Yes | | | No |
| Does the individula have probation or parole? | | | | Probation | | | Parole | | Neither |
| Court of Jurisdiction: | | Click or tap here to enter text. | | | | | | | |
| Does the individual have a GPS requirement? | | | | | Yes | | | No | |

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| Has the individual been given a level designation by the Sex Offender Registration Board (SORB)? | No | Yes | If Yes, Choose an item. |

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| Is the individual fluent in English? | Yes | No | If No, Choose an item. |

Does the individual have health issues (non-mental)? Please describe:

Click or tap here to enter text.

Does the individual have mental health issues? Please describe:

Click or tap here to enter text.

Does the individual have mobility restrictions? Please describe:

Click or tap here to enter text.

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| --- | --- | --- |
| Does the individual require medication? | No | Yes |

If Yes, list the medications

Click or tap here to enter text.

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| Will the individual be released with a supply of medication? | Yes | No | Not sure |

*If the inmate requires medication but will not be provided medication, they must be provided prescription(s) for the medication.*

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| If the individual is diabetic, will they be provided: | Insulin  Needles  a blood sugar test kit w/ strips  n/a |

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| --- | --- | --- |
| Has the individual’s Standard (not Basic) MassHealth coverage been activated? | Yes | No |
| Does the individual have their birth certificate? | Yes | No |
| Does the individual have a Social Security card? | Yes | No |
| Does the individual have a valid Massachusetts ID? | Yes | No |

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| --- | --- | --- |
| Does the individual have a military affiliation? | No | Yes |
|  | | Does the inmate have their DD-214 form?  Yes No |

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| Has housing been secured for the individual? | No | Yes |
|  | | Is there a restriction on the amount of time at this housing? Yes No |

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| --- | --- |
| Emergency Contact Name: | Click or tap here to enter text. |
| Emergency Contact Phone Number | Click or tap here to enter text. |

Click or tap here to enter text.

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| Release Planner Name (print) |

Click or tap to enter a date.

|  |
| --- |
| Date |

For more information or to remit this form:

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