**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.

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| --- |
| Date |

For more information or to remit this form:

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