

**Pathways For Men Healthy Living Transition Plan
Part 2**

Name:	Last 4 SSN:
Release Date:	DOB:

Best Phone Number: _____

Have you applied for early release? _____

As of right now, who is picking you up the day you get out? _____

a. Is this person in recovery? _____

Support Contacts

Name	Phone Number	Relationship

Mental Health

Mental Health Agency/Case Manager: _____

Personal Mental Health Goals:

- 1. _____
 - a. What do you need to achieve this goal? _____
 - b. When will you achieve this goal? _____

- 2. _____
 - a. What do you need to achieve this goal? _____
 - b. When will you achieve this goal? _____

Recovery

Are you scheduled to receive Vivitrol Pre-Release? Yes No

Treatment Provider/Case Manager: _____

Personal Recovery Goals:

- 1. _____
 - a. What do you need to achieve this goal? _____
 - b. When will you achieve this goal? _____

- 2. _____

Pathways For Men Healthy Living Transition Plan

Part 2

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

Justice Involvement

- 1. Will you be on probation when you're released? _____
 - a. If yes:
 - i. What County or Counties will your probation be in? _____
 - ii. Is it Misdemeanor, Felony, or both? _____
 - iii. What is your Probation Officer's Name? _____
 - iv. What are you required to do for Probation? (Treatment, drug screening, counseling, work etc.)? _____
- 2. Do you want referred to a CIT Officer in the community? _____
 - a. If yes, who would you prefer to be linked with? _____

Peer to Peer Support

- 1. Do you want to be paired with a peer supporter? _____
 - a. If yes, is there a person you would prefer to be paired with? _____
 - 2. What are you hoping to gain from a peer supporter? _____
-

Peer Support Goals

- 1. What are you hoping to gain from a peer supporter _____
-
- a. What do you need to achieve this goal? _____
 - b. When will you achieve this goal? _____

Education

- 1. What's the highest grade level you've completed? _____

Education Goals

- 1. _____

Pathways For Men Healthy Living Transition Plan

Part 2

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

2. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

Employment

Employment Goals

1. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

2. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

Housing

Housing Goals

1. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

2. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

Family

- 1. Do you have any children? _____
 - a. If yes, do you currently have an open case with Children services? _____
 - b. If yes, do you have custody of any of your children? _____
 - c. If yes, will you be expected to return to full time parenting upon release? _____

Family Goals

1. _____

Pathways For Men Healthy Living Transition Plan

Part 2

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

2. _____

- a. What do you need to achieve this goal? _____
- b. When will you achieve this goal? _____

Resources

Please put an "X" by any resource you might need upon release.

- | | |
|----------------------------|--|
| _____ ID | _____ Clothing |
| _____ Birth Certificate | _____ Personal Hygiene Items |
| _____ Social Security Card | _____ Job & Family Services (Insurance, food assistance, etc.) |
| _____ Cell Phone | _____ Bus Passes |
| _____ Housing | _____ Narcon |

Pathways For Men Office Hours

Located at 1991 Bryden Road
Columbus, OH 43205

- Monday - FCCII
- Tuesday
- Wednesday - FCCII
- Thursday
- Friday

Pathways Staff Provide Saturday Group Information & Office Hours

Schedule

Pathways For Men Healthy Living Transition Plan

Part 2

Pathways Check- In appointment: _____

Based on the goals you wrote above, please write out your schedule for the first 5 days

Day of Release (1)	Day 2	Day 3	Day 4	Day 5

Signature _____

Date _____

Staff Signature _____

Date _____