

Pathways For Men Healthy Living Transition Plan

Part 1

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

1. Do you currently work with a mental health provider?
 - a. If yes, what agency and when was the last time you saw them?

 - b. If no, what agency do you want referred to?

2. If it's possible, do you want a mental health assessment by Southeast before you're released?
Yes or No
3. If you take mental health medication, will you be released from the jail with any medications?
Yes or No

Recovery

1. Do you currently work with a substance use treatment provider?
 - a. If yes, what agency and when was the last time you saw them?

 - b. If no, what agency do you want referred to?

2. Please circle any Medication Assisted Treatment you are interested in:
 - a. Vivitrol
 - b. Suboxone
 - c. Methadone

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3. Do you understand these treatments cannot be the only treatment you receive and that they require counseling, groups, etc. to be effective? _____
4. If you circle Vivitrol, are you interested in receiving it before or after your release?
 - a. Before Release
 - b. After Release

Employment

1. When you're released, will you have any bills to pay? _____
2. Will you have any income upon release (social security, cash assistance, family assistance, etc)? _____
3. Have you worked before? _____
 - a. If yes, what types of jobs have you worked? _____
4. What type of job do you see yourself in? _____

Housing

If you have a place to go upon release, please answer the following questions:

1. What's the address? _____
2. Who will be living there? _____
3. Do you have a protection order against anyone in that house? _____
4. Does anyone in that house have a protection order against you? _____
5. Does anyone in the house have domestic violence charges? _____
6. Has anyone in the house ever made you feel unsafe? _____
7. Does anyone in that house use alcohol or other drugs? _____
8. Does anyone in the house participate in criminal activities? _____
9. Will you be charged rent for being there? _____

If you want to explore other options or if you do not have a place to go upon release, please answer the following questions:

1. Are you interested in transitional/sober housing? _____
 - a. If yes, are you willing to submit to random drug tests after your release? _____
 - b. If yes, are you willing to attend mental health and substance use treatment? _____
2. Are you interested in long term (90 days or longer) residential treatment? _____
3. Are you open to going to the homeless shelter? _____

Signature _____ Date _____