|  |  |
| --- | --- |
| 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?

1. 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.

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?
	1. If yes:
		1. What County or Counties will your probation be in?
		2. Is it Misdemeanor, Felony, or both?
		3. What is your Probation Officer’s Name?
		4. 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?
	1. 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?
	1. 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.

 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?

**Education**

1. What’s the highest grade level you’ve completed?

Education 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?

**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?
2. If yes, do you currently have an open case with Children services?
3. If yes, do you have custody of any of your children?
4. If yes, will you be expected to return to full time parenting upon release?

Family 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?

**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

**Pathways Office Hours**

Located at 373 South High Street, 25th Floor

Columbus, OH 43215

Monday

Tuesday

Wednesday

Thursday

Friday

\*\*\*Pathways Staff Provide Saturday Group Information & Office Hours\*\*\*

**Schedule**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**