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**Mental Health
Pre-Release/Re-Entry Checklist**

Inmate's Name _____ Last First M		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth __/__/__ mm dd yy	Today's Date __/__/__ mm dd yy	Inmate ID# _____ SSN# _____
Name of Facility _____	Name of Person Completing Form and Phone Number _____	Charge/Offense _____	Date of Admission __/__/__ mm dd yy	Projected Release Date __/__/__ mm dd yy	
Domain 1. Mental Health Services	Documents to provide: <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psychotropic Medication List (protocol)			Date Completed __/__/__ mm dd yy	
	Potential Needs Based on Evaluation <input type="checkbox"/> Medication Protocol _____ <input type="checkbox"/> Level of Treatment _____ <input type="checkbox"/> Case Management Level _____				
Domain 2. Health Care Services	Documents to provide: <input type="checkbox"/> Medical Evaluation <input type="checkbox"/> MA 51 AAS Medical Form			Date Completed __/__/__ mm dd yy	
	Potential Needs Based on Evaluations <input type="checkbox"/> Specialist Level <input type="checkbox"/> Other Special Needs (describe) _____ <input type="checkbox"/> HIV <input type="checkbox"/> Dental				
Domain 3. Substance Abuse Services	Documents to provide: <input type="checkbox"/> PCP/Addiction Severity Index <input type="checkbox"/> Specialized Assessments for Substance Abuse Services			Date Completed __/__/__ mm dd yy	
	Potential Needs Based on Evaluations <input type="checkbox"/> NA/AA <input type="checkbox"/> Treatment Services				
Domain 4. Housing Support	Documents to provide: Is there a need for housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Final level of housing assistance will be determined by County Provide: <input type="checkbox"/> Classification Summary Potential needs based on evaluation: Comments: _____			Date Completed __/__/__ mm dd yy	
Domain 5. Benefits/Entitlements	Documents to provide: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Picture Identification <input type="checkbox"/> Social Security Card Insurance circle one <input type="checkbox"/> MA suspended Y / N <input type="checkbox"/> Need Application <input type="checkbox"/> Employability form sent: Y / N <input type="checkbox"/> Medication Sustainability Form Y / N Compass # _____ Date Submitted _____		<input type="checkbox"/> Medicare #'s _____ <input type="checkbox"/> VA Identification # _____ <input type="checkbox"/> Income <input type="checkbox"/> SSI <input type="checkbox"/> DPA/DPW <input type="checkbox"/> VA benefits		

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<p>Ancillary Needs</p> <p><input type="checkbox"/> Food/clothing</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Other _____</p> <p>Other Pre-release Info:</p> <p><input type="checkbox"/> Megan's Law</p>	<p><input type="checkbox"/> Condition of Release</p> <p><input type="checkbox"/> Parole</p> <p><input type="checkbox"/> Probation</p> <p>Identify County Info:</p> <p>Name: _____</p> <p>Phone #: _____</p> <p>Date Completed</p> <p>__/__/__</p>
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Comments: _____

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Initial Entry Checklist = (GAINS list) could be used as the inmate first enters in the jail /prison system so that evaluation of services can be identified and begin while at prison. Additional services can be identified upon re-entry planning. This could be utilized every 6 months for those consumers who are in SCI's.

Mental Health Pre-Release Re-entry Checklist = to be utilized 6 months prior to release. This form can be a guide for the jail/prison to follow during release planning as well as a guide to the necessary documents required for the County Mental Health Program's services planning purposes.

STANDARD DOCUMENTS REQUIRED

- Release of Information/Consent Form**
- Psychiatric Evaluation**
- Psychological Evaluation**
- Classification Summary**
- Medical Evaluation**
- Misconduct Summary**
- Psycho-Social Summary**
- Copy of Re-Entry Checklist**