



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 500-01	PAGE NUMBER 1 OF 6
		DISTRIBUTION: Public	
		SUBJECT: Offender Reentry Services & Transitional Planning	
RELATED STANDARDS:	ACA 5-ACI: 5F-05, 6A-34 (M), 7A-07 (M), 7B-01, 7B-03	EFFECTIVE DATE: December 15, 2025	SUPERSESSION: 06/01/2024
DESCRIPTION: Offender Management	REVIEW MONTH: September	 Nick Lamb (Nov 24, 2025 08:20:26 CST) NICK LAMB SECRETARY OF CORRECTIONS	

I. POLICY

This policy of the South Dakota Department of Corrections (DOC) is *to provide comprehensive reentry and accredited programs available to all eligible offenders [ACA 5-ACI-7B-01]*. Offender reentry services are based on the SAFER South Dakota Offender Reentry Model which works to reduce recidivism and enhance public safety.

II. PURPOSE

This policy establishes guidelines and procedures for an offender’s reentry into the community following a continuum of assessment, classification, case planning, and programs designed to address the criminogenic risks and needs of offenders in prison and under community supervision. A risk-based case management approach prioritizes high-need offenders while providing appropriate support and services for lower-need individuals. Reassessment at six (6) months before release ensures that release planning intensity adjusts as needed. Strengthening inter-agency partnerships ensures continuity of care and access to essential resources that support an offender’s transition into the community. This policy is applicable to all offenders.

III. DEFINITIONS

Enhanced Transitional Services (ETS):

A tiered classification system used to determine the level of transitional planning and case management an individual receives prior to release. ETS applies only to offenders with high or very high ORAS-PIT scores, are SMI, or have or have had step-down placement. ETS includes three tracks—Basic, Moderate, and Intensive—based on the individual's assessed needs. The composition of these meetings will consist of the offender and a transitional case manager (TCM) and/or reentry coach as determined by the offender’s ETS track. A case manager will be added as needed.

- **Intensive Track:** For individuals with significant reentry barriers (e.g., serious mental illness, unstable housing, substance use history). Assigned a TCM with regular engagement and participation in multidisciplinary planning.
- **Moderate Track:** For individuals with partial stability but who still require support (e.g., employment, healthcare). Assigned a reentry coach or TCM with ongoing check-ins.
- **Basic Track:** For individuals with stable housing, employment, and no major behavioral health needs. Assigned a reentry coach with minimal contact unless additional needs arise.

ETS classifications are reviewed prior to release to ensure alignment with current needs.

Ohio Risk Assessment System (ORAS):

The ORAS is a group of actuarial risk assessments designed to evaluate an offender’s likelihood of reoffending and to prioritize interventions based on risk. It evaluates offenders across various domains.

SECTION	SUBJECT	DOC POLICY	Page 2 of 6
Offender Management	Offender Reentry Services & Transitional Planning	500-01	Effective: 12/15/2025

Transitional Team Meeting (TTM):

Transitional Team Meetings (TTMs) are structured, multidisciplinary case staffing meetings designed to coordinate reentry planning for offenders classified as Intensive track for ETS. TTMs provide a platform where transitional case managers (TCMs), reentry corrections specialists, behavioral health staff, parole agents, and other stakeholders discuss individualized transition plans, identify barriers, and confirm post-release arrangements.

Key objectives of TTMs include:

- Reviewing case management progress and addressing reentry barriers.
- Ensuring the offender has secured housing, employment readiness, and necessary treatment services.
- Adjusting case intensity based on reassessment at six (6) months pre-release.
- Coordinating post-release service plans with parole agents and community service providers.

TTMs occur at least once within twelve (12) months of release and are required for all Intensive ETS cases. Additional TTMs may be scheduled as needed to address ongoing concerns before release.

IV. PROCEDURES

1. Reentry Assessments:

- A. Assessments are the first phase of the reentry process. During admission and orientation (A&O), case managers and clinical staff conduct assessments using actuarial risk tools and other screening tools to identify the risks, needs, and programming requirements of every offender. These assessments help determine which specific reentry services are needed for the offender to successfully transition back to the community upon their release from prison.
 1. The Ohio Risk Assessment System Prison Intake Tool (ORAS-PIT) is used to establish priorities in treating offenders based on the likelihood of reoffending.
 - a. Offenders classified as high or very high on the ORAS-PIT receive additional transitional planning and reentry services based on their individualized needs to ensure a successful transition to the community upon their release from prison.
 2. The Housing Needs screening tool assesses the offender's unique housing needs and risk of homelessness upon returning to the community. This screening tool is available on the offender tablets and is required when an offender identifies their housing situation on the ORAS-PIT as either "Not Stable" or "Alone or Shelter".
 3. LSI-R scores will determine referrals for core programming for males in Thinking for Change (T4C), Moral Reconciliation Therapy (MRT), Pre-Release Program (PREP), and other evidence-based programming.
 4. Women's Risk Needs Assessment (WRNA) scores will determine referrals for core programming in T4C, Women's Opportunity and Resource Development (WORD), and other evidence-based programming for females.
 5. Any offender, identified during the assessment phase of A&O, who does not possess a GED or high school equivalent will be referred to the GED classes within their respective facility.

2. Case Management:

- A. Each offender's case plan is developed during Admission and Orientation (A&O) and updated by a case manager throughout an offender's incarceration and supervision.
 1. The case plan incorporates risk and needs assessments to estimate an offender's likelihood of recidivism and provide direction concerning appropriate correctional interventions and programming.
 2. The case plan determines rehabilitation programs' needs, frequency, and dose.
 3. The case plan tracks program progress, informs decisions concerning conditional release, and allows the parole board and community supervision staff to tailor supervision conditions to an offender's specific strengths, skill deficits, and reintegration challenges.

SECTION	SUBJECT	DOC POLICY	Page 3 of 6
Offender Management	Offender Reentry Services & Transitional Planning	500-01	Effective: 12/15/2025

- B. Release Plan The release plan is initially developed during the A&O phase and must be submitted by the offender to the case manager prior to transfer from A&O.

3. Evidence-Based Programming:

- A. Career and Technical Education: The DOC will ensure that career/*vocational training programs are integrated with academic programs and are relevant to* and consistent with *the occupational needs of the offender population and employment opportunities in the community* [ACA 5-ACI-7B-03]. The respective reentry coaches at each facility oversee these programs.
- B. Educational/Vocational: The DOC will offer a variety of educational and vocational programming based on the ability level and skillset of the offender population.
- C. *Written policy, procedure, and practice provide all the institutional work, industry, and vocational education programs meet minimum applicable federal, state, or local work, health, and safety standards* [ACA 5-ACI-7A-07 (M)].
- D. Programming Holds: DOC staff shall abide by holds placed on offenders in the OMS relating to offender enrollment in education or programming. Offenders shall not be transferred, unless for disciplinary purposes, while placed under an education or programming hold. Holds will be removed based on the completion of the associated program in the OMS.
- E. Absences: Excused absences are only for medical or legal purposes and must be communicated to their respective program facilitator by the offender. Three (3) unexcused absences within a six (6) week rolling period may result in termination from a program.
- F. Terminations vs. Suspensions from Accredited Programming:
1. Termination/Refusal.
 - a. Offender is removed from a program due to serious behavioral infractions causing major disruption to the classroom environment, refuses participation, or voluntarily quits the program.
 2. Suspension.
 - a. Offender is temporarily removed from a program due to external circumstances, including, but not limited to medical leave, facility transfers including disciplinary, or protective custody. Once suspended, offenders may kite the respective program facilitator within sixty (60) days and request to reenroll via the waitlist but are not guaranteed placement.
- G. Certification or Recertification Opportunities: Offenders shall be afforded the opportunity to renew their technical certifications. The offender needs to formally request this opportunity from the warden only after completing the appropriate paperwork. If approved by the warden, the offender will be transported and supervised by DOC staff at the appropriate testing authority in the community.
- H. Program Completions: All program completions shall be documented by the appropriate DOC staff in the OMS to accurately reflect the date on which offenders completed the program. Completions shall not be entered for any offender who was released to the community prior to the program's official end date. Early release to the community will result in termination from the program and should be documented as such in the OMS.

4. Transitional Planning:

- A. *Written procedures for releasing offenders at the end of their term include, but are not limited to, the following:*
1. *Verification of identity.*
 2. *Verification of release papers.*

SECTION	SUBJECT	DOC POLICY	Page 4 of 6
Offender Management	Offender Reentry Services & Transitional Planning	500-01	Effective: 12/15/2025

3. *Completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required.*
 4. *Return of personal effects or contraband.*
 5. *Check to see that no facility property leaves the facility.*
 6. *Medical screening and arrangements for community follow-up where needed.*
 7. *Instructions on forwarding of mail [ACA 5-ACI-5F-05].*
- B. *The following shall be provided to offenders receiving treatment for a diagnosed mental disorder at the time of release from the facility:*
1. *Arrange for continuity of care if receiving psychotropic medication.*
 2. *Make arrangement in accordance with available resources for continuity of care for offenders determined by the mental health or health care staff who need involuntary inpatient commitment.*
 3. *Provide offender with a list of available community resources.*
 4. *For offenders with a serious mental illness make every effort to coordinate a linkage with community provider and exchange clinically relevant information with appropriate community provider as needed [ACA 5-ACI-6A-34 (M)].*
- C. Offender placement within enhanced transitional services (ETS) is determined using a structured, weighted reentry screening process. This system assigns a score based on key risk factors such as housing instability, mental illness, substance use, employment status, and institutional behavior.
- D. Transitional Team Meeting (TTM):
1. Transitional Team Meetings (TTMs) are multidisciplinary meetings that support individuals preparing for release from incarceration. These meetings are designed to ensure coordination among agencies and service providers, promoting safe and successful community reintegration.
 2. TTMs provide a platform where transitional case managers (TCMs), reentry corrections specialists, behavioral health staff, parole agents, and other stakeholders discuss individualized transition plans, identify barriers, and confirm post-release arrangements.
 3. TTMs occur at least once within twelve (12) months of release and are required for all Intensive ETS cases. Additional TTMs may be scheduled as needed to address ongoing concerns before release. Key objectives of TTMs include:
 - a. Reviewing case management progress and addressing reentry barriers.
 - b. Ensuring the offender has secured housing, employment readiness, and necessary treatment services.
 - c. Adjusting case intensity based on reassessment at six (6) months pre-release.
 - d. Coordinating post-release service plans with parole agents and community service providers.
 4. TTMs are scheduled based on the individual's level of need. Those with more intensive support requirements will typically have at least one meeting before release. Individuals with moderate needs may have a TTM if additional coordination is necessary. For those with lower support needs, a TTM may not be required unless specific concerns arise. Participants may include, as appropriate:
 - a. Case management.
 - b. Parole.
 - c. Reentry staff.
 - d. Resource coordinators.
 - e. Behavioral health staff.
 - f. Medical personnel.
 - g. Specialty program representatives (e.g., Veterans, SOMP).
 - h. Offender.
 - i. Any other relevant service providers or stakeholders.
 5. Meetings may be held in person or virtually. During a TTM, the team reviews reentry planning documents, identifies critical needs such as housing, identification, health care, and supervision questions, and ensures that the individual's release plan is complete, coordinated, and approved.

SECTION	SUBJECT	DOC POLICY	Page 5 of 6
Offender Management	Offender Reentry Services & Transitional Planning	500-01	Effective: 12/15/2025

E. Reentry Readiness Checklist:

1. Offenders within ninety (90) days of release are provided a Reentry Readiness Checklist by the TCM or reentry coach.
2. The checklist is completed before the ninety (90) day pre-release meeting to verify that the offender's basic reentry needs are addressed (*Reentry Readiness Checklist – attachment #1*).
3. Once completed, the checklist is submitted to the transitional parole agent.

F. Vital Documents:

1. The TCM and/or reentry coach ensures all eligible offenders release from prison with at least two (2) forms of identification.
2. If vital documents are missing at the transitional team meeting, the TCM secures them before release.

G. Medical - Insurance and Medication:

1. The reentry coach or the TCM verify that the insurance application process is initiated for offenders transitioning into the community.
 - a. Application for Medicaid or other insurance is done within thirty (30) days of release.
 - b. Medicaid or insurance card is provided at release.
2. Reentry coach or the TCM will ensure that medical has provide all medications at release.
 - a. A thirty (30) day supply of all prescription medications.
 - b. A ten (10) day maximum supply of buprenorphine will be provided for those offenders that are on the Medication assisted Treatment (MAT) program.
3. Reentry coach or the TCM will ensure all medically necessary durable medical equipment (DME) is provided to offender at release. Examples include but not limited to, hearing aid, C-Pap, mobility aids, or other prosthetic devices.

H. Department of Labor and Regulation (DLR) Referrals:

1. Offenders within ninety (90) days of release who do not have stable employment identified may be referred to DLR employment assistance.
2. To be eligible for referral, the offender must have:
 - a. An approved identification document.
 - b. A signed release of information form.
 - c. A completed DOC-DLR referral form.
3. Once the required documents are collected, they are submitted to the facility's reentry coach for processing.

I. Reentry Portfolio:

1. All offenders release with a Reentry Portfolio. The TCM/Reentry coach compiles the portfolio, ensuring the offender has access to critical documentation needed for reintegration.
2. The portfolio includes, but is not limited to:
 - a. Discharge ID.
 - b. Medical insurance card / policy.
 - c. Appointment calendar.
 - d. Approved budget plan.
 - e. *Release Planning Worksheet – Six Months* (attachment #4).
 - f. Reentry Readiness checklist.
 - g. Supervision Agreement.
 - h. Reporting Instructions.
 - i. 211 card.
 - j. Education and program transcripts.
 - k. Job Placement Packet (*Reentry Portfolio Checklist - attachment #2*).

SECTION	SUBJECT	DOC POLICY	Page 6 of 6
Offender Management	Offender Reentry Services & Transitional Planning	500-01	Effective: 12/15/2025

5. Family Reunification Events:

- A. Offenders are provided with opportunities to connect with their families through in-person and video visitation to support communication with their pro-social support network throughout their incarceration.
- B. The warden and reentry coach of each respective facility will organize and oversee an annual calendar of events that is shared with facility business managers to ensure expenses are allowable.
- C. Approved expenses for family reunification events include one (1) cookout meal, one (1) Thanksgiving meal, and one (1) Christmas meal. Popcorn, candy, and beverages may also be purchased for events where meals are not served.

V. RESPONSIBILITY

It is the responsibility of the deputy secretary of corrections, to review and update the policy annually.

VI. AUTHORITY

None.

VII. HISTORY

December 2025

June 2024 – New Policy

ATTACHMENTS

1. Reentry Readiness Checklist
2. Reentry Portfolio Checklist
3. Release Planning Worksheet – One Year
4. Release Planning Worksheet - Six Months
5. DOC Policy Implementation / Adjustments

Reentry Readiness Checklist

When offenders are within ninety (90) days of release, reentry coaches or transitional case managers will start the Reentry Readiness Checklist with the offender to ensure that the necessary identification documents, housing, employment, social support, mental health, and substance use disorder resources, community transition programs, health care access, and transportation. This is also used as part of Release Preparations in Transitional Team Meetings to help facilitate discussion for targeting goals for transitioning back to the community.



Reentry Readiness Checklist



Name: _____

DOC#: _____

NEEDS	
Financial	
How much money have you saved and/or is in your frozen account (provide offender banking statement)?	\$
Are you receiving supplemental income (pension, VA benefits, tribal, back child support, disability), or need to establish supplemental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have employment lined up? If so, where?	
Employer Contact	Name: _____ Phone Number: () - _____
Food	
Do you know how to access additional resources for nutritional assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever considered or anticipate seeking support from the Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical	
Have you applied for medical insurance (Affordable Care Act, Medicaid, Medicare)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently taking medications that you will need to continue after release?	
Any medical/mental health conditions or learning disabilities you may have?	
Have you ever received any accommodations for the conditions indicated above?	
Are there other medical services or concerns that need to be addressed once you have been released?	
Communication	
Emergency Contact:	Phone Number: () - _____
Email, if you have one: _____	
Identification	
Do you have a copy of any of the following?	
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver License <input type="checkbox"/> State ID
If not, what do you need to get them?	
Transportation	
Do you have transportation upon release?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Person:		Phone Number:	() -
-----------------	--	---------------	---------------

Housing

Release Plan	Name/Location/Placement	Address	Phone Number () -
--------------	-------------------------	---------	-------------------------------

Alternative	Name/Location/Placement	Address	Phone Number () -
-------------	-------------------------	---------	-------------------------------

Holds

Are you aware of any pending holds?

Concerns

What other concerns and/or needs do you have upon release (e.g., hygiene, clothing, etc.)?

Any questions with specific parole conditions you may have (GPS, Board Orders, Registration, financial obligations, etc.)?

Reentry Portfolio Checklist		
Offender Name		
Item		Notes
Identification (2 Forms)		
State ID Card or Driver License		
SD DOC Discharge ID Card		
Social Security Card		
Affordable Care Act Policy / Medicaid		
Birth Certificate/Certified Copy		
Appointment Calendar		
Parole Agent		
SUD/MH/SO Treatment and Intake		
Department of Labor Employment Specialist		
Job Placement Packet		
Cover Letter		
Resume		
TABE Scores		
GED		
Vocational Certificate		
Institutional Work History		
Budget-Financial Plan (if applicable)		
Economic Assistance SNAP/WIC (if applicable)		
Reentry Accountability Plan (if applicable)		
Reentry Readiness Checklist		
Transportation - Bus Pass		
Supervision Agreement		
Reporting Instructions		
Edovo Transcript and Login Information		
Prepaid Debit Card		
Program Certificates		
211 Card		

RELEASE PLANNING WORKSHEET – ONE YEAR

Offender Name:		DOC Number:	
Please include the following information for the offender you are meeting with.			
Anticipated Release Date:			
Transitional Team Meeting Date:		Transitional Team Meeting Date:	
Pre-Release Interview Date:			
ONE YEAR TO RELEASE			
<p>This guide is designed to assist with the face-to-face meeting that case managers will have with offenders who are one year to release (to either parole or discharge). This guide will help the case manager, and the offender work collaboratively toward a comprehensive release plan. This guide will be retained, and a copy will be provided to the offender upon completion. It will help to identify the necessary components for an offender's release. As you encounter barriers, these will be noted and followed up on. Good plans take time to develop, which is why we are starting now.</p>			
Goal Setting			
<p><i>Remember, goals should be SMART - specific, measurable, achievable, realistic, and timely.</i> What goals do you want to work on between now and release?</p>			
Long Term Goal:	What steps do you need to take to accomplish this goal?		
	Short Term Goal	Accomplish by	
	1.		
	2.		
	3.		
When do you want to accomplish this (i.e., date)?	4.		
IDENTIFICATION			
<p><i>If the offender does not have their vital documents, apply for them. These are crucial for the offender upon release. While still in prison, without these, offenders cannot go to work, release, or participate in DLR programs or CTE.</i></p>			
What forms of identification do you currently have or can have sent in?		What forms of identification do you still need before transitioning to the community?	
<input type="checkbox"/> State ID <input type="checkbox"/> Driver License	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card	<input type="checkbox"/> State ID <input type="checkbox"/> Driver License	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <i>(within 6 months of release)</i>
Please explain if you have had any problems obtaining these documents.			
Do you have a valid driver license?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you <u>do not</u> have a valid driver license, why not? (Check all that apply)			<input type="checkbox"/> Never had a license <input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Expired
Explain:			
RESIDENTIAL			
Where do you plan on living upon transitioning to the community?			

(Skip if releasing to transitional placement)

Who else will be living with you or be with you at this residence?

Include all household members' names, relationships, and ages if they are known.

Name	Relationship	Age	Name	Relationship	Age

What challenges or barriers do you think they will face at this residence?

What is your plan to overcome these challenges or barriers?

If you still need to secure housing, what are your alternative options? You should have one primary and two alternatives.

- 1.
- 2.
- 3.

EDUCATIONAL/VOCATIONAL

Do you currently possess a high school diploma or GED? *(if they don't, this is a good time to encourage them to work on it due to the benefit it can provide them upon release or reinforce IPD element 6).*

- Yes
 No

If the offender still needs their GED, they must attend GED classes.

Did you attend secondary education? (e.g., College, Tech School, Apprenticeship)

- Yes
 No

If so, where did you attend it?

Do you have a copy of your diploma/degree or transcripts?

- Yes
 No

Are there any other educational or professional development opportunities you would like to pursue?

- Yes
 No

If yes, what interests do you have in other programs that SD DOC provides? *(CTE, Vocational classes at DSP)*

PARENTING

Skip to the next section if they will not have children in their care or do not have children.

How many children are you the parent or guardian of?

List first name, relationship, and age.

Name	Relationship	Age	Name	Relationship	Age
------	--------------	-----	------	--------------	-----

What contact do you have with your children?					
Please describe what role you play in their child’s lives.					
Do you have a dependency case (Child Protective Services involvement)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the next steps needed?					
Are you interested in attending Parenting Inside Out? (if they are, email Reentry Coach)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
HOBBIES					
What are your current hobbies (e.g., reading, writing, exercising)?					
What hobbies or activities would you like to pursue?					
How has participation in these activities helped motivate you to accomplish the goals you have set for yourself?					
HEALTHCARE					
What medical needs are a priority for you?					
<input type="checkbox"/> Physical		<input type="checkbox"/> Mental Health			
<input type="checkbox"/> Dental		<input type="checkbox"/> Prescriptions			
<input type="checkbox"/> Substance Use Disorders		<input type="checkbox"/> Other:			
Explain:					
Are you currently struggling with substance use?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to talk to someone prior to release about help?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDICAL					
Have you applied for medical insurance (Medicaid, Medicare)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you currently taking medications that you will need to continue after release?

Any medical/mental health conditions or learning disabilities you may have?

Have you ever received any accommodation for the conditions indicated above?

Are there other medical services or concerns you have identified that need to be addressed once released?

RELEASE PLANNING WORKSHEET – SIX MONTHS

Offender Name:		DOC Number:	
Please include the following information for the offender you are meeting with.			
Anticipated Release Date:		Transitional Meeting Date:	
Transitional Meeting Date:		Pre-Release Interview Date:	
SIX MONTHS TO RELEASE			
<p>This guide supports case managers in face-to-face meetings with offenders six months before release (parole or discharge). It builds on the one-year meeting, requiring updates as needed while introducing new steps for a comprehensive release plan. Case managers and offenders will collaborate to identify key components, address barriers, and ensure thorough preparation. As you encounter barriers, these will be noted and followed up on. A copy of the completed guide will be retained and provided to the offender. Early planning is essential for a successful transition.</p>			
GOAL SETTING			
<p><i>Remember, goals should be SMART - specific, measurable, achievable, realistic, and timely.</i></p> <p>What goals do you want to work on between now and release?</p>			
	What steps do you need to take to accomplish this goal?		
	Short Term Goal	Accomplish by	
	1.		
	2.		
	3		
When do you want to accomplish this (i.e. date)?	4.		
IDENTIFICATION CHECK-IN			
<p><i>If the offender does not have their vital documents, apply for them. These are crucial for the offender upon release. While still in prison, without these, offenders cannot go to work, release, or participate in DLR programs or CTE.</i></p>			
What forms of identification do you currently have or can have sent in?		What forms of identification will you still need before transitioning to the community?	
<input type="checkbox"/> State ID <input type="checkbox"/> Driver License	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card	<input type="checkbox"/> State ID <input type="checkbox"/> Driver License	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card
Please explain if you have had any problems obtaining these documents.			
Do you have a valid driver license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you <u>do not</u> have a valid driver license, why not? (Check all that apply)		<input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Expired <input type="checkbox"/> Never had a license	
Explain:			
RESIDENTIAL – CHECK-IN			
Where do you plan on living upon your transition to the community?			
(Skip if releasing to transitional placement)			
Who else lives with you or will be with you at this residence?			

Include all household members' names, relationships, and ages if they are known.

Name	Relationship	Age	Name	Relationship	Age

What challenges or barriers do you think you will face at this residence?

What is your plan to overcome these challenges or barriers?

If you still need to secure housing, what are your housing options? You should have one primary and two alternatives.

1.

2.

3.

EDUCATIONAL/VOCATIONAL-CHECK-IN

Do you currently possess a high school diploma or GED? *(if they don't, this is a good time to encourage them to work on it due to the benefit it can provide them upon release or reinforce IPD element 6).*

- Yes
- No

If the offender still needs their GED, they must attend GED classes.

Did you attend secondary education? (e.g., College, Tech School, Apprenticeship)

- Yes
- No

If so, where did you attend it?

Do you have a copy of your diploma/degree or transcripts?

- Yes
- No

Is there any other education or programming you want to complete?

- Yes
- No

If yes, what interests do you have in other programs that SD DOC provides? *(CTE, Vocational classes at DSP).*

PARENTING - CHECK IN

Skip to the next section if they will not have children in their care or do not have children.

How many children are you the parent or guardian of?

List first name, relationship, and age.

Name	Relationship	Age	Name	Relationship	Age

What contact do you have with your children?

Please describe what role you play in their child's lives.

Do you have a dependency case? (Child Protective Services involvement?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the next steps needed?		
Are you interested in attending Parenting Inside Out? (if they are, email Reentry Coach).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HOBBIES – CHECK IN		
What are your current hobbies (e.g., reading, writing, exercising)?		
What hobbies or activities would you like to pursue?		
How has participation in these activities helped motivate you to accomplish the goals you have set for yourself?		
HEALTHCARE – CHECK-IN		
What medical needs are a priority for you?		
<input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Substance Use Disorders	<input type="checkbox"/> Mental Health <input type="checkbox"/> Prescriptions <input type="checkbox"/> Other:	
Explain:		
Are you currently struggling with substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to talk to someone prior to release about help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICAL – CHECK IN		
Have you applied for medical insurance (Medicaid, Medicare)? <i>(if not, you should help them apply for Medicaid within 45 days of release)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking medications that you will need to continue after release?		
Any medical/mental health conditions or learning disabilities that you may have?		
Have you ever received any accommodation for the conditions indicated above?		
EMPLOYMENT		
What three jobs have you held in the community that you felt most successful at? List Job titles and type of work.		
	Job Title	Type of Work
1.		
2.		
3.		
What type of work do you want to obtain? <u>List three or more.</u>		
1.		

2.	
3.	
Do you have an updated resume, references, and cover letter? (<i>advise them that they can make a resume before release on Edovo with the Resume Builder</i>)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
What challenges or barriers do you anticipate with securing and maintaining employment?	
How do you plan to overcome these challenges or barriers?	
SUPPLEMENTAL INCOME	
Are you receiving supplemental income (e.g., pension, VA Benefits, back child support)?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, from what source(s)?	
Do you intend to apply for the following? <u>If none, skip to the next section.</u>	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Food Stamps <input type="checkbox"/> Women, Infants, and children (WIC) <input type="checkbox"/> Veterans Affairs (VA) Benefits <input type="checkbox"/> Tribal	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Child Support <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Other – specify:
It can take time after release for these supplemental incomes to be approved. How will you support yourself in the meantime?	
FINANCIAL	
Do you anticipate facing any barriers to opening an account?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Do you know your credit score?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow a budget each month?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have back child support, do you have a plan to pay?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have legal obligations, do you know how much you owe? (If you have legal obligations, you will need to pay a portion monthly)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
TREATMENT	
Have you participated in treatment?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
SUPPORT	

Creating Your Support System

What specific people do you want around you after release?

Mentors	
Support Groups	
Peer Groups	
Spiritual/Religious	
Therapy	
Cultural	

What can you do to maintain and improve your support system?

What does your relationship with family, extended family, loved ones, or current support system look like?

How have you been supporting and maintaining relationships and communication with your family, extended family, children, or loved ones?

What social support groups are you interested in attending?

<input type="checkbox"/> NA (Narcotics Anonymous)	<input type="checkbox"/> Religious programs/places of worship
<input type="checkbox"/> AA (Alcoholics Anonymous)	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Parenting	<input type="checkbox"/> Other

Do you have a mentor or sponsor? Yes No

If yes, who?	Name:
	Contact information:

OVERCOMING THINKING CHALLENGES

What warning signs would you want your support system to look for that may be a pathway back to negative behavior?

What would you like your support system to do if they identify negative behavior?

What will you do when thinking of returning to negative behavior?

What support do you need to help navigate through these challenges?