



RELEASE/TRANSFER NEEDS SURVEY

Name: _____ DOC number: _____ Anticipated release date: _____

ESSENTIAL NEEDS			
Funds			
How much money will you release with and/or is in your Trust Accounting System (TAS) Account? \$			
Do you need to know where to cash your check and/or where open a bank account?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving supplemental income (e.g., pension, apportionment of Veterans Affairs benefits, tribal benefits, back child support) or need to establish supplemental income?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Food – DSHS (877) 501-2233			
Will you need to visit a local food bank, and do you need a list of local resources?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for public assistance from the Department of Social and Health Services – Electronic Benefits Transfer (EBT) card/cash benefits? www.washingtonconnection.org			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical – Apple Health (800) 562-3022			
Is your medical insurance (i.e., Medicaid, other insurance) set up?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a Medicaid application form?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on medications that you will need to continue after release/transfer? If yes, make sure you pick up medication(s) on day of release/transfer.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe other medical services that need to be addressed once you have transitioned.			
Are you interested in the Medication for Opioid Use Disorder (MOUD) program? If yes, employees can refer you to MOUD program employees at DOCHSReentryCareNavigators@doc1.wa.gov			<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Plan - Cell Phone, Email, and Emergency Contact			
Do you have a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the number? () -	
Emergency contact person:		Phone number: () -	
Email, if you have one:			
Identification			
Will you have a copy of your state identification/driver's license on your transition day?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what is needed to obtain one?			
Transportation			
Do you have a current bus pass? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have funds to purchase next bus pass? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have transportation for the day of transition?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact person:		Phone number: () -	
Housing Plan			
Primary Release Plan	Family/Sponsor	Address	Phone number () -
Alternative Plan	Family/Sponsor	Address	Phone number () -
Do you need assistance with identifying local shelter/services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what county/area?	
Other Needs/Concerns			
What other needs (e.g., clothing, bedding, hygiene) or concerns do you have for your transition?			

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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