



# RELEASE NEEDS SURVEY

For individuals impacted by sentence reform.

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_ Anticipated release date: \_\_\_\_\_

ESSENTIAL NEEDS			
<b>Funds</b>			
How much money will you release with and/or is in your TAS Account?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need to know where to cash your check?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Food</b>			
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 DSHS – EBT card/cash benefits? <a href="http://www.washingtonconnection.org">www.washingtonconnection.org</a>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical</b>			
Is your medical 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? If yes, make sure you pick up medical on day of release			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need help with finding medical/mental health/substance use disorder services in the community?			
<b>Cell Phone and Emergency Contact</b>			
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: ( ) -
<b>Identification</b>			
Will you have a copy of your state ID/DL on your transition day?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Transportation</b>			
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: ( ) -
<b>Housing Plan</b>			
Primary Release Plan	Family/Sponsor	Address	Phone number ( ) -
Alternative Plan	Family/Sponsor	Address	Phone number ( ) -
No Plan? Do you need assistance with identifying local shelter/services?			
If yes, what county/area?			
<b>Other Needs/Concerns</b>			
What other needs 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.