



<p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS POLICY AND PROCEDUR</p>		POLICY NUMBER	PAGE NUMBER
		500-01	1 OF 5
		DISTRIBUTION:	Public
		SUBJECT:	Offender Reentry Services & Transitional Planning
RELATED STANDARDS:	ACA 5-ACI: 7A-07 (M), 7B-01, 7B-03	EFFECTIVE DATE:	June 01, 2024
		SUPERSESSON:	New Policy
DESCRIPTION: Offender Management	REVIEW MONTH: May	 KELLIE WASKO 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

The purpose of this policy is to establish 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.

III. DEFINITIONS

Ohio Risk Assessment System Prison Intake Tool (ORAS-PIT):

Actuarial tool designed to establish priorities in treating offenders based on the likelihood of reoffending. The ORAS-PIT considers the current age of the offender and thirty (30) additional items across five (5) domains: 1) Criminal History, 2) School Problems and Employment, 3) Family and Social Support, 4) Substance Use and Mental Health, and 5) Criminal Lifestyle.

Reentry Coach:

Reentry Coaches implement and teach reentry programming including Pre-release Program (PreP), Women's Opportunity Resource Development (WORD), Thinking for Change (T4C), and Moving On. They also host job fairs, mock interviews, and resume building and interview skills workshops; ensure that each offender that releases has access to vital documents, has applied for economic assistance, affordable care act, and completed a job placement packet.

Reentry Corrections Specialist:

The reentry corrections specialist reviews referrals from case managers for offenders that need enhanced transitional services with less than twelve (12) months to release; assigns offenders to transitional case managers (TCMs); ensures offenders receive individualized services; manages community housing placements; manages the referral process for treatment in the community; oversees and coordinates the referral process for parolees receiving treatment.

Transitional Behavioral Health Staff:

The transitional behavioral health staff provides resource coordination services for offenders with a severe mental illness (SMI), offenders on psychotropic medications who request assistance, and offenders with a need for substance use disorder services released to parole. They review recommendations and programming notes for offenders with

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needs for a substance use disorder treatment or medication-assisted treatment (MAT), coordinate in-reach services for offenders before release, and refer offenders to appropriate services in the community based on their individualized needs.

Transitional Case Manager (TCM):

Staff member assigned to assist offenders with community transition. The transitional case manager provides a transition link between the Department of Corrections and the community through programming and case management assistance in developing community transition plans.

Transitional Parole Agents:

Transitional parole agents provide in-reach services to aid in the transition of offenders to the community by actively participating in the transition planning of high-need offenders.

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 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 also tracks program progress, informs decisions concerning conditional release, and allows the parole board and community supervision staff to tailor conditions of supervision to a person's specific strengths, skill deficits, and reintegration challenges.

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- B. The Reentry Accountability Plan is a document provided by the case manager to the offender profiling every aspect of reentry (see attachment #1 – *Reentry Accountability Plan*). This document will be used during the transitional meeting process to guide staff in assisting offenders in overcoming barriers to successful reentry.
1. The offender will be given the institutional document when they arrive at their housing unit after A&O, the transitional document at twelve (12) months to release, and the community document before their ninety (90) day pre-release meeting.
- C. The release plan is also initially developed during the A&O phase and must be submitted by the offender to the case manager prior to their transfer from A&O. An acceptable release plan will include resident and home placement information, employment information, any required substance use disorder (SUD) treatment or aftercare services, any required sex offender programming, any required community mental health and/or health services and means of financial support.
1. The admissions case manager will enter the information in the Release Plan module in the comprehensive offender management system (COMS).
 - a. The results of the offender’s ORAS, Level of Service Inventory – Revised (LSI-R) for male offenders, and the WRNA for female offenders, community risk assessment, and other data entry will be completed in A&O by the admissions case manager.
 - b. Parole and suspended sentence violators will develop a release plan at their next classification review or during their initial contact interview with their respective case manager. The offender’s release plan will be completed prior to their next appearance before the Board of Pardons and Paroles.
 2. Release plans are updated at least annually by the offender and case manager.
 3. Program staff, including clinical services staff and sex offender management program (SOMP) staff, may update the offender’s release programming requirements and referrals as necessary. The updates or changes will be entered in the Release Plan module in COMS.

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, 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 COMS 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 COMS.
- 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:
1. A termination from a program will result in an offender being removed from the program’s roster. If the program in question is tied to an offender’s individual program directive (IPD), a termination will result in noncompliance.

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2. A suspension will allow for an offender to be temporarily removed from a program's roster with the ability to rejoin the class at a later date. A suspension is defined as removal from a program outside of the offender's control, including, but not limited to, extended medical leave, investigative purposes, protective custody, and mental health holds.

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 COMS to accurately reflect the date on which offenders completed the program. Completions shall not be entered for any offender who has been 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 COMS.

4. Transitional Planning:

A. **Transitional Case Manager (TCM):**

1. Offenders that are within twelve (12) months of release and were identified on the ORAS-PIT assessment as needing reentry services are assigned to a TCM.
2. Offenders that are within ninety (90) days of release from restrictive housing (RH), special management (SM), or have been identified with a serious mental illness (SMI) are also referred to a TCM.

B. **Transitional Team Meeting:**

1. The TCM will schedule a transitional team meeting as soon as an offender is assigned, whether its within twelve (12) months of release for offenders identified by the ORAS-PIT or within ninety (90) days for RH, SM, and SMI offenders. These meetings will be continuous and recur as needed until the release plan and reentry services have all been identified and addressed.
2. The transitional team meeting will include the reentry program manager as needed, reentry corrections specialist as needed, reentry coach, TCM, transitional parole agent, transitional behavioral health staff, medical staff, case manager, SOMP, facility staff) as needed, and the offender. The TCM identifies the individual staff members to be included on each transitional team meeting with the offender and schedules the meetings as needed.
3. Meetings take place either in person or via video conference.
4. The Reentry Accountability Plan is reviewed by the team with the offender during the meeting. The team will discuss the offender's needs, status of vital documents, supervision conditions, and other applicable needs, such as veterans' benefits to ensure the release plan is updated and approved.

C. Offenders within ninety (90) days of their release date are provided a Reentry Readiness Checklist by the TCM. The document is completed prior to the ninety (90) day pre-release meeting, which verifies all of the offender's basic reentry needs are addressed (see the *Reentry Readiness Checklist* – attachment #2). Once completed, the checklist should be provided to the assigned transitional parole agent.

D. **Vital Documents:**

1. The TCM and/or reentry coach will ensure that all eligible offenders release from prison with at least two forms of identification. If the vital documents were not obtained prior to the transitional team meeting, the TCM will obtain the documents.

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- E. Department of Labor and Regulation (DLR) Referrals: Offenders who are ninety (90) days to release and do not have stable employment identified have the opportunity to be referred to DLR employment assistance. The offender must have an approved identification document, a signed release of information form, and a completed DOC-DLR referral form. Once the appropriate staff collects all documentation, it should be sent to the respective facility's reentry coach.
- F. Job Placement Packet: All offenders released from a facility will have a job placement packet created for them by the TCM or reentry coach. This packet will include, but not be limited to, the following documents: institutional work history, updated resume and cover letter, vocational and education certificates acquired, and the latest TABE scores.
- G. Reentry Portfolio: Offenders identified as releasing from reentry services must have a reentry portfolio created. The TCM creates this portfolio and will include, but not limited to, the following identification documents:
1. Discharge ID.
 2. Medical Insurance Card / Policy.
 3. Appointment Calendar.
 4. Approved Budget Plan.
 5. Reentry Accountability Plan.
 6. Reentry Readiness Checklist.
 7. Supervision Agreement.
 8. Reporting Instructions.
 9. 211 Card.
 10. Education and Program Transcripts, and
 11. Job Placement Packet (see the *Reentry Portfolio Checklist* - attachment #3).

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.

V. RESPONSIBILITY

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

VI. AUTHORITY

None.

VII. HISTORY

June 2024 – New Policy

ATTACHMENTS *(*Indicates document opens externally)*

1. Reentry Accountability Plan*
2. Reentry Readiness Checklist*
3. Reentry Portfolio Checklist*
4. DOC Policy Implementation / Adjustments

Reentry Accountability Plan

The Reentry Accountability Plan is a three-part questionnaire used to help offenders identified for additional reentry services work through the Reentry Model, show them a road map for resources and programs, and aid with reentry back into the community. Additionally, it is designed to help in conversations with offenders and their case manager and/or their Transition Team during the Transition Phase into the Community Phase.

The Reentry Accountability Plan is first introduced to identified offenders during the A&O process. It is designed to identify reentry components and facilitate conversations with case managers and the reentry team.

With the Reentry Accountability Plan, three worksheets must be completed for each phase of the Reentry Model. Each sheet builds on the previous one to check in and see where the offender is with their goals and different elements of reentry.



Reentry Accountability Plan Institutional Phase



Name:		DOC Number:	
Get the information below from staff.			
Anticipated Release Date:			
Transitional Meeting Date:		Transitional Meeting Date:	
Per-Release Interview Date:			
Institutional Phase			
<p>This accountability plan is designed to help you identify critical components for your reentry into the community. Please take a look at each of these sections, and if there is something you do not understand, please reach out to your unit case manager. Why are you getting this Reentry Accountability Plan now? A good plan takes time to develop and put into action. This accountability plan is also meant to help guide the conversation of reentry with your case manager and the Reentry Team.</p>			
Goal Setting			
Remember, goals should be SMART - specific, measurable, achievable, realistic, and timely.			
<p>Institutional Phase Goal (intake to 12 months to release) – What goals do you want to work on between intake to 12 months before release?</p> 			
Identification			
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"/> Birth Certificate	<input type="checkbox"/> State ID	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Driver License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Driver License	<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 do not 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 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					
Do you currently possess a high school diploma or GED? If you still need to, you must attend GED classes.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you attend secondary education? (e.g., College, Tech School, Apprenticeship)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where did you attend it?					
Do you have a copy of your diploma/degree or transcripts?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any other education or programming you want to complete?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what interests you about the programs SD DOC provides?					
Parenting					
Skip to the next section if you will not have children in your 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 your children'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?					

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:

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?



Reentry Accountability Plan Transitional Phase

Name:	DOC Number:
Get the information below from staff.	
Anticipated Release Date:	
Transitional Meeting Date:	Transitional Meeting Date:
Per-Release Interview Date:	
Transitional Phase	
Let's review a few things from the last phase and examine some new components to help you prepare for release.	
Goal Setting	
Remember, goals should be SMART - specific, measurable, achievable, realistic, and timely.	
Transitional Phase Goals (12 months to release) – What goals do you want to work on between 12 months from release and release from prison?	
Are there any questions or barriers to your goals from the Institutional Phase?	
Identification Check-in	
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"/> Birth Certificate <input type="checkbox"/> Social Security Card	<input type="checkbox"/> State ID <input type="checkbox"/> Driver License <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 do not 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 – 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 you still need to, you must attend GED classes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend secondary education? (e.g., College, Tech School, Apprenticeship)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where did you attend it?	
Do you have a copy of your diploma/degree or transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other education or programming you want to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what interests you about the programs SD DOC provides?	

Hobbies – Check In	
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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	
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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:	

Medical – Check-In	
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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?

Parenting – Check-In

Skip to the next section if you will not have children in your 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 your children’s lives.

Do you have a dependency case (Child Protective Services involvement?)

- Yes
- No

If yes, what are the next steps needed?

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? List three or more.

1.	
2.	
3.	

Do you have an updated resume, references, and cover letter?

- Yes
- 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? If none, skip to the next section.

- | | |
|---|--|
| <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 have an active bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	---

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
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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
--	---

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"/> AA (Alcoholics Anonymous) <input type="checkbox"/> Parenting	<input type="checkbox"/> Religious programs/places of worship <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other
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Do you have a mentor or sponsor?

	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

Treatment

Have you participated in treatment?

Yes

No

If yes, explain:



Reentry Accountability Plan Community Phase



Name:	DOC Number:
Get the information below from staff.	
Anticipated Release Date:	
Initial Parole Meeting Date:	
Community Phase	
Let's check on a few things from the last phase and examine some components that will help you during community supervision/discharge.	
Goal Setting	
Remember, goals should be SMART - specific, measurable, achievable, realistic, and timely.	
Community Phase Goals (release to discharge) – What goals do you want to work on between release from prison and discharge from supervision?	
Are there any questions or barriers to your goals from the Institutional Phase?	
Identification Check-in	
What forms of identification <u>do you currently have</u> or can have sent in?	What forms of identification will you <u>still need</u> 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 in the past.	
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 – 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 you still need to, you must attend GED classes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend secondary education? (e.g., College, Tech School, Apprenticeship)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where did you attend it?	
Do you have a copy of your diploma/degree or transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other education or programming you want to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what interests you about the programs SD DOC provides?	

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?		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Substance Use Disorders </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Mental Health <input type="checkbox"/> Prescriptions <input type="checkbox"/> Other: </td> </tr> </table>	<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:
<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:		

Medical – Check-In	
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?

Parenting – Check-In
Skip to the next section if you will not have children in your 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 your children’s lives.

Do you have a dependency case (Child Protective Services involvement?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what are the next steps needed?

Employment Check-In

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? List three or more.

1.	
2.	
3.	

Do you have an updated resume, references, and cover letter?	<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-Check-In			
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? If none, skip to the next section.			
<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 Check-In			
Do you have an active bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
Support Check-In			
Creating Your Support System			
What specific people do you want around you after release?			
Mentors	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>		
Support Groups	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>		

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 supported and maintained the relationship/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"/> AA (Alcoholics Anonymous) <input type="checkbox"/> Parenting	<input type="checkbox"/> Religious programs/places of worship <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other
---	---

Do you have a mentor or sponsor?

	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

If yes, who?	Name:
	Contact information:

Overcoming Thinking Challenges-Check-In

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?

Treatment Check-In	
Have you participated in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

Reentry Readiness Checklist

When offenders are within 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:	() -
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Housing

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