

The Washington State Department of Corrections is looking forward to working with you. Although this is a challenging time in your life, please take this time to self-reflect and begin planning for your future. There will be targeted opportunities and pathways supporting your successful transition back into your community. This is intended for your use to begin planning your journey through the 3 phases (Facility, Transition, Community) of reentry. We encourage you to take advantage of programs and resources for skill building, self-improvement, and preparing for a successful reentry. Please review your assessed criminogenic risks and programmatic needs and be mindful of areas identified through your Washington ONE assessment as opportunities for growth.

Your Individual Reentry Plan will include this plan and attachments to create an individualized portfolio. Your plan should include your SMART goals and objectives, essential needs checklist or transfer/release needs survey, letters of support, personal education achievements, certifications, employment skills, work experience, skills, and training received prior to and during incarceration, resources specific to your county, and any other documents that you feel will support your successful reentry. You should review and update your plan throughout the 3 phases, with a focus on updates prior to transferring to your community.

Reentry Team meetings may be offered to discuss how to support you for successful reentry. Your Individual Reentry Plan, Individualized portfolio, SMART goals, and next steps would be reviewed at the Reentry Team meeting. Depending on your reentry path, these meetings may occur during the transition phase of your incarceration and could include current support system members and community partners.

Take your time completing your Individual Reentry Plan by answering all the questions as honestly as you can. The answers you provide in this plan will assist in identifying any unmet needs you may have so current support system members, community partners, and employees can provide you information on community-based resources to support you in your success. This plan will also assist you in organizing your thoughts, identifying areas where you may still need assistance, and help you to track where you are at with your SMART Goals and Individual Reentry Plan to align with your Mission Statement.

**Mission Statement** – A personal mission statement defines who you are as a person and identifies your purpose in life or a specific area of your life. It explains how you pursue that purpose and why it matters so much to you.

**SMART (Specific, Measurable, Achievable, Relevant, Time-Based) Goals:** Goals are thoughts you have about the future that you wish to make happen. Using the SMART Goals framework sets boundaries and defines the steps you will need to take, resources necessary to get there, and milestones that indicate progress along the way. With SMART goals you are more likely to achieve your goal efficiently and effectively.

Name		DOC number
Anticipated release/transfer date to community	Review(s) and update(s) completed on	
Transition phase plan completed on	Community phase plan completed on	

**GOAL SETTING**

What is your Mission Statement?

What would you like to accomplish during each phase or reentry?

**Facility goal**

**Transition goal**

**Community goal**

Have you developed a SMART Goals plan outlining how you will achieve these goals?  Yes  No

**IDENTIFICATION**

Check what forms of identification you <u>will have</u> when you transition to the community?	What forms of identification will you <u>still need</u> to get after your transition to the community?
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- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> State ID          | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> State ID          | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Veteran ID           | <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Veteran ID           |
| <input type="checkbox"/> Immigration ID    | <input type="checkbox"/> Prison ID            | <input type="checkbox"/> Immigration ID    | <input type="checkbox"/> Prison ID            |
| <input type="checkbox"/> Military DD214    | <input type="checkbox"/> Tribal ID            | <input type="checkbox"/> Military DD214    | <input type="checkbox"/> Tribal ID            |

What problems have you had in the past or think you might run into in trying to obtain these needed documents?

**If you are currently in a corrections center, ask an employee to assist you in getting your ID and social security card prior to your transfer to the community (Reentry Center or electronic home monitoring). If you are in the community and experiencing trouble obtaining your identification documents, contact an employee for further assistance.**

Do you have a valid driver's license?  Yes  No

If yes, do you have it in the community?  Yes  No

If you do not have a valid driver's license, why not? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Never had a license | <input type="checkbox"/> Unpaid tickets | <input type="checkbox"/> Ignition interlock needed |
| <input type="checkbox"/> Testing needed      | <input type="checkbox"/> Revoked        | <input type="checkbox"/> Expired                   |

Explain:

Does the county your license is suspended or revoked in have a driver's license reinstatement program?  Yes  No  N/A  Unknown

Do you need assistance in finding and/or navigating a relicensing program?  Yes  No  N/A  Unknown

If you have unpaid tickets, do you know what collection agency to contact to start paying?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
<b>If no, an employee may be able to assist you with a driver's abstract (e.g., driving status, any unpaid tickets, contact information for paying tickets).</b>	

**HOUSING  
RESIDENTIAL**

Where do you plan on living upon transition to the community or where are you currently living and how long will this living arrangement be available?

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Who else is living with you or will be living with you at this residence?  
Include first name, relationship, and age for all household members if known.

NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	AGE

What challenges or barriers do you think you will be faced with while living at this residence?

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What is your plan of action to overcome these challenges or barriers?

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What resources do you need to succeed with this plan (e.g., personal support, group support, mentorship)?

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If you have not secured housing, what are your housing options? You should be working on at least 3 housing possibilities. **(Employees can provide housing resources)**

1.

2.

3.

Will you be using a Department of Corrections housing voucher? (Transition phase)  Yes  No

What are your plans for permanent housing?

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**EDUCATION/VOCATIONAL**

What education and training goals did you set and/or accomplish while incarcerated or post incarceration? (Community phase)

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What other educational programming/training have you attended or completed while incarcerated?

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Do you have copies of your certificates or college transcripts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, contact your instructors or education employees to get these important documents prior to transferring to the community.</b>	
How will you use what you have learned from these programs to help you succeed in the community?	
Is there any other education, programing, or workshops you want to complete? If yes, what do you need to do to complete this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently working with an Education Navigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, employees can assist you with connecting to the facility or community Education Navigator.</b>	
Are you interested in a pre-apprenticeship, vocational, technology programs or trades? If yes, which programs are you interested in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding financial aid debt that could prevent you from applying for FAFSA (Free Application for Federal Student Aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**EMPLOYMENT**

What are 3 jobs you have held in the community that you felt most successful at? List job titles and type of work.

	<b>JOB TITLE</b>	<b>TYPE OF WORK</b>
1.		
2.		
3.		

What specific type of work do you want to obtain? List 3 or more ("any job" is not an answer)

1. 

2. 

3. 

Do you have an updated resume, references, and cover letter?  Yes  No

What challenges or barriers do you anticipate with securing employment or maintaining employment?

How do you plan to overcome these challenges or barriers, and who can help you?

**SUPPLEMENTAL INCOME**

Are you currently receiving any supplemental income (e.g., pension, apportionment of 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 **Financial Management** section.

- |   |  |
|---|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                   | <input type="checkbox"/> Supplemental Security Income (SSI)          |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/<br>Food stamps | <input type="checkbox"/> Social Security Disability Insurance (SSDI) |
| <input type="checkbox"/> Women, Infants, and Children (WIC)                               | <input type="checkbox"/> Cash assistance                             |
| <input type="checkbox"/> Veterans Affairs (VA) benefits                                   | <input type="checkbox"/> Child support                               |
| <input type="checkbox"/> Tribal (SPIPA)   | <input type="checkbox"/> Other - specify:                            |

It can take several months after your transition to the community for some of these supplemental incomes to be approved. How will you support yourself while waiting for this approval?

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**FINANCIAL MANAGEMENT  
TRANSITION AND COMMUNITY PHASE**

Do you have an active bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate facing any barriers to opening a bank 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 financial budget each month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a plan to pay your child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you have Legal Financial Obligations, do you know how much you owe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If you owe on Legal Financial Obligations, are you prepared to make payments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**SOCIAL SUPPORT  
SOCIAL INFLUENCES**

**Creating Your Community Support System**  
What specific people do you want around you after your transition?

Mentors	
Support groups	
Peer groups	
Spiritual/religious	
Therapy	
Cultural	

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

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What do your relationships with family, extended family, loved ones, or current support system look like?

What are some ways you have been supporting and/or maintaining connection with your family, extended family, children, or loved ones?

What social support groups are you interested in attending?  
**For Facility phase, connect with your case manager to meet programming needs where available. For Transition and Community phases, employees can provide resources for your county of release as requested.**

- |   |   |
|---|---|
| <input type="checkbox"/> NA (Narcotics Anonymous)   | <input type="checkbox"/> NAMI (National Alliance on Mental Illness) |
| <input type="checkbox"/> AA (Alcoholics Anonymous)  | <input type="checkbox"/> Parenting (miscellaneous programs/groups)  |
| <input type="checkbox"/> GA (Gamblers Anonymous)  | <input type="checkbox"/> Religious programs/places of worship       |
| <input type="checkbox"/> Al-ANON (support for people worried about someone with a drinking problem) | <input type="checkbox"/> Domestic violence                          |
|   | <input type="checkbox"/> Other                                      |

Do you have a mentor or a sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a plan to obtain a mentor or sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PARENTING**

Skip to **Overcoming Thinking Challenges** section if you will not have children in your care or do not have children.

How many children living with you or not are you the parent or guardian of?  
 List first name, relationship (e.g., stepson, daughter), and age.

NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	AGE

What active role will you play in your children’s lives or maintain contact?

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 you need to take to meet your goal?

Do you anticipate needing to complete a parenting class for any reason? (e.g., participation in Community Parenting Alternative, requirement of divorce decree, involvement in a dependency case)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already engaged/completed
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**HOBBIES/INTERESTS**

What healthy hobbies (e.g., reading, writing, exercising) have you enjoyed while incarcerated that you will continue to enjoy as you transition to the community?

What healthy hobbies or activities would you like to pursue in the future?

How has participation in these positive activities helped motivate you to accomplish the goals you have set for yourself?

What kind of tools, assistance, and support do you need to establish a healthy routine?

**OVERCOMING THINKING CHALLENGES  
ATTITUDES, BEHAVIORS, AND AGGRESSION**

What will be the warning signs that you would want your support systems to look for that you may be on the pathway back to negative behaviors?

What do you want your support system to do for you if you are going back to negative behaviors?

What will you do when faced with thoughts of going back into negative behaviors?

What supports do you need to help navigate successfully through these types of challenges?

**OTHER**

What other needs do you have that are not already covered in this plan throughout the 3 phases (Facility, Transition, Community) of reentry?

- 1.
- 2.
- 3.

What other services and resources do you need to meet your needs?

**ACCESS TO HEALTHCARE**

**A Release of Information is required before sharing this document with a community member (support or provider).**  
<http://insidedoc/forms/default.aspx?type=keyword&filter=Release%20of%20Information>

Contact a facility medical employee if you are within 30 days of transfer to the community from a facility and have NOT met with a medical employee regarding enrollment in an insurance plan under the Affordable Care Act.

Contact an employee if you are at a Reentry Center and do not have Affordable Care Act medical.

Are you interested in the Medication for Opioid Use Disorder (MOUD) program?  Yes  No

If yes, an employee can refer you to the MOUD program employee at: [dochsreentrycarenavigators@doc1.wa.gov](mailto:dochsreentrycarenavigators@doc1.wa.gov)

What medical needs are a priority for you?

Physical health       Mental or behavioral health       Prescription(s)  
 Dental       Medical equipment       Other:

Explain needs:	
How will your physical and mental health improve by following through with these medical needs?	
Do you currently have any medical issues that require follow-up appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TREATMENT/AFTERCARE SUBSTANCE USE DISORDER AND MENTAL HEALTH</b>	
Have you participated in treatment (e.g., Chemical Dependency, Domestic Violence, Sex Offender Treatment Program) during this incarceration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have outpatient requirements in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any court-ordered or self-referred assessments (e.g., mental health, chemical dependency, domestic violence, sex offender) you need/want to complete once you transition to the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what assessment(s) will you complete? <b>(Employees can provide you a list of treatment providers in your county of release)</b>	

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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