



## MY 72-HOUR REENTRY PLAN

Name

Date of Release

ID

My Plan Is As Follows

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SUPPORT I Think I Can Count On

Name	Phone	Relationship

TRANSPORTATION Situation

I have a driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you know what you need to do to get one? (e.g. overdue fines, insurance, court payments, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSING

Monthly Cost? \$ \_\_\_\_\_ 1st/Last/Security??? \_\_\_\_\_

Comments

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## IMMEDIATE PRIORITIES

### Health & Medical

I have health insurance:  Yes  No

### Legal

I have probation requirements:  Yes  No

I have the following Conditions and/or Restrictions

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### Treatment Needs

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### Food and Clothing Needs

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### Other Needs

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### Important Contacts

Position	Name	Contact Info	
Probation Officer		Phone Address	Email
Lawyer		Phone Address	Email
Case Manager or Social Worker		Phone Address	Email

