



## MY 72-HOUR REENTRY PLAN

Name

Date of Release

ID/C Case No.

In 100 Words, My Plan Is as Follows

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Three People I Think I Can Count on Helping Me Upon Release

Name	Phone	Relationship

### Phone

I have an active cell phone:  Yes  No Phone No. \_\_\_\_\_

I don't have a phone and plan to \_\_\_\_\_

### Housing

Where Will I Sleep Upon Release? (XYZ House, address, phone, cost?)

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How Will I Get There?

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If that doesn't work, I have the following options for short term living:

Place	Name	Address	Phone #	Cost	How I'll Get There

I hope to find permanent housing

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

## Immediate Priorities

### Legal

I have probation requirements:  Yes  No

Probation Officer Name	
Phone	
Address	
Email	

Legal Assistance Name	
Phone	
Address	
Email	

I have outstanding warrants for \_\_\_\_\_ at Court \_\_\_\_\_.



I have the following restrictions and/or conditions

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Health and Medical

Medical Doctor's Name	
Phone	
Address	
Email	

Case Manager or Social Worker Name	
Phone	
Address	
Email	

I have health insurance:     Yes    No            Type/ID# \_\_\_\_\_

Medical & Mental Health Treatment Needs

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I have my 1st appointment on Date \_\_\_\_\_ at Time \_\_\_\_\_

I plan to meet my Substance Abuse Treatment Needs as follows:

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Methadone/Suboxone:

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AA/NA Meeting Options

Location	Day of Week	Time

Getting Around

I have a valid Driver's License / State ID \_\_\_\_\_ Expiration \_\_\_\_\_

I am allowed to drive:  Yes  No

I plan to update/renew my Driver's License at the DMV located at:

\_\_\_\_\_

\_\_\_\_\_

I plan to get rides from:

\_\_\_\_\_

\_\_\_\_\_

I plan to pay for transportation as follows:

\_\_\_\_\_

\_\_\_\_\_

Financial Resources

I have some money in a bank:  Yes  No

I know how and where to access that money? \_\_\_\_\_

I should walk out of here with \$ \_\_\_\_\_ in my pocket.

SSI/SSDI Income?  Yes  No

SSI/SSDI:  Active Amount of \$ \_\_\_\_\_ Paid? \_\_\_\_\_



I plan to explore eligibility/reinstatement of financial benefits upon release. List contact information:

Benefits	Phone	Address	Notes
SNAP/Food Stamps			
Cash Assistance			
Other			

I have the following documentation necessary to obtain/reinstate financial benefits

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I need to obtain the following missing documentation

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I anticipate receiving Financial Support from friends or family as follows

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## Employment

I have a job at, or hope to find a job at one of these three employers

Employer Name/Contact	Phone	Address	Position	Pay

## Other Needs

### Clothing

Shoes  Shirts  Pants  Underwear  Outerwear  Toiletries \_\_\_\_\_

I plan to obtain these items at

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### Food Needs

Locations and schedules of 3 food pantries in my target landing area

Name	Address	Schedule

Other Needs \_\_\_\_\_

### Spiritual Needs

List at least two places or potential sponsors by name, other than SVdP Reentry Contacts, who I could call or visit upon release for encouragement and moral support

Name	Address	Schedule

### SVdP Reentry Contacts

Name	Address	Schedule

