

WINDOWS TO WORK – INDIVIDUAL ACTION PLAN

PERSONAL INFORMATION

Date:	DOC#:	Date of Birth:
First Name:	Last Name:	
Are you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are/were your active duty dates?		
Are you the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		

RELEASE INFORMATION

Name of Current Facility:	
County you are releasing to:	
Date of Incarceration:	
Institution Release Date:	Institution Social Worker Name:
DCC Agent Name:	DCC Agent Number:

HUBER INFORMATION

Do you have Huber / Work Release privileges? Yes No Does not apply to me

INSTITUTION / JAIL PROGRAMS

Are you currently enrolled in any programming (T4C, SUD, SOT, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?	
Have you completed any programming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?	
Are you required to complete further programming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what?	
Have you ever been terminated from any institutional/jail programming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain here:	
Have you ever voluntarily quit any institutional/jail programming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain here:	

INSTITUTION/JAIL EMPLOYMENT

Do you currently have a job in the institution/jail? Yes No

If yes, what is your job?

How long have you had the job?

If no, have you ever had a job while in the institution/jail? Yes No

If yes, what job(s) did you have?

How long did you have the job(s)?

CURRENT / PREVIOUS EMPLOYMENT

1. Position:

Name of Company:	Employed From:	to
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Job Duties:	Rate of Pay:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time
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Reason for Leaving:

2. Position:

Name of Company:	Employed From:	to
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Job Duties:	Rate of Pay:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time
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Reason for Leaving:

3. Position:

Name of Company:	Employed From:	to
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Job Duties:	Rate of Pay:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time
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Reason for Leaving:

4. Position:

Name of Company:	Employed From:	to
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Job Duties:	Rate of Pay:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time
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Reason for Leaving:

Do you have a current Resume? Yes No

Have you done volunteer work? Yes No

If yes, what volunteer work have you done?

CRIMINAL HISTORY

List the offense(s) for which you have been convicted, beginning with the most recent. Attach additional pages if necessary.

Offense:	Date of Conviction:	County:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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Offense:	Date of Conviction:	County:	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

Do you have any outstanding fines or restitution? Yes No Unsure

If yes, how much?	Fines:	Restitution:
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EDUCATION

Are you a high school graduate? Yes No

If yes, indicate the city & state, and year you graduated?

If no, indicate highest grade level completed.

Do you have a GED or HSED? Yes No

If yes, indicate the school / institution that issued your GED / HSED, and year received:

List any certifications or degrees earned beyond High School Diploma/GED/HSED:

WINDOWS TO WORK INVOLVEMENT

Why would you like to be involved in Windows to Work?

What expectations do you have of Windows to Work?

What are your immediate goals to accomplish upon release?

What goals would you like to accomplish within 6 months of your release?

What are your long-term goals (12 months after release)?

RELEASE PLANNING - HOUSING

Where do you plan to live upon release (with parents, spouse, transitional living, etc.)? Include address and phone number:

Has this living arrangement been approved by your agent? Yes No

RELEASE PLANNING - TRANSPORTATION

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

If no, which of the following apply? Suspended Revoked Never had

Do you have access to transportation? Yes No

RELEASE PLANNING – ASSISTANCE NEEDED

Check all of the following areas in which you may need assistance, when you are released.

Employment Housing Physical Health (incl. insurance) Mental Health (incl. medication)

Parenting / Child Care Healthy Relationships Positive / Pro Social Activities Legal Issues

SUD Issues Food Share Other:

RELEASE PLANNING – AVAILABLE RESOURCES

Check all of the following which you have or will **have** when you are released.

State ID Card Driver's License Social Security Card Birth Certificate

Auto Insurance Health Insurance Release Clothing Interview Clothing

Legal Assistance Other:

ADDITIONAL INFORMATION

Do you currently have a child support order in any county? Yes No Unsure Does not apply to me

If yes, what county or counties? Amount of Child Support Owed?

Have your parental rights been terminated on any of your children or is there pending action?

Yes No Unsure Does not apply to me

Do you have a disability (or do you need an accommodation)? Yes No

If yes, were you collecting Social Security before your incarceration? Yes No

Is there any additional information, not covered by this form, that you would like to add?

DISCLAIMER AND SIGNATURE

- I certify that the information in this form is true to the best of my knowledge.
- I certify that no member of my family is in a position of influence or authority that would affect my participation in this program.

Signature:

Date Signed: