

Transition Plan / Referral Form

Personal Information

Client Name: _____ Jail #/DC#: _____

SSN#: _____ DOB: _____

Emergency Contact:

Name _____ Relationship _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Level of Education: HS Diploma GED College Vocational Training

Other: _____

Military Service

Branch: USA USN USAF USMC CG NG

Type Discharge: Honorable General Dishonorable Other than Honorable Medical _____

Years of Service: From _____ To _____ Service Overseas: Yes No _____

Residential Information

Is your housing stable? Yes No If NO, then explain: _____

Other household members at this residence ? Name / Relationship / Age

Prior Residence: Where did you sleep before getting arrested? _____

Homeless History (dates/length of homelessness) _____

How long have you lived in Jacksonville? _____ Previously in subsidized housing? Yes No

If yes, where? _____ When? _____

Were you evicted? Yes No Can you go back there? Yes No If no, why not: _____

Are you living with someone? Yes No Who? _____

Marital Status? S M D Sep. W Do you have children? Yes No Under 18? Yes No

Are you ordered to pay child support? Yes No Are your children receiving TANF or Medicaid? Yes No

Adult children? Yes No Name _____ Contact#: _____

Do you have any relatives who may provide assistance? Yes No Who/Where? _____

Legal / Civil Assistance

Convictions: _____ Pending Charges: _____

Do you have a criminal attorney? _____ Phone#: _____

Are you on Probation / Conditional Release? Yes No Probation / Parole Officer: _____

Contact#: _____

What are the special conditions of your release? _____

For Housing Purposes Only: Are you required to register as a sex offender? Yes No

Medical Information

Have you ever received continuous medical treatment? Yes No

Have you been diagnosed and/or treated for (circle): HIV AIDS HEP C TB

Do you have any disabilities, physical limitations or special needs? Yes No

Explain: _____

Have you or a family member had mental health issues that require special services? Yes No

If YES, what special services needed? _____

Have you ever received counseling? Yes No Do you have a current case manager? Yes No

Have you ever had a case manager? _____

When? _____ Where? _____

Have you ever been in a crisis unit? Yes No When? _____

Are you or have you ever been prescribed medication? Yes No Rx: _____

Personal Needs

Do you have a FL ID card or DL? Yes No If YES, where is it located? _____

If NO, do you have ANY type of ID? _____

Do you have a Social Security Card? Yes No If YES, where is it located? _____

Do you have personal transportation available upon release? Yes No _____

Are you in need of clothing upon release? Yes No

Interviewer Signature:	Client Signature:
	X

Date: _____

Notes: _____

