

RELEASE CHECKOUT SHEET

Facility _____ Portfolio Provided _____

Inmate Name _____ ODOC # _____ Release Date _____

1. HEALTH SERVICES

- ___ Medical Screening/Arrangements for follow up care
- ___ Mental Health Screening/Arrangements for follow up care
- ___ Two Weeks Supply of Medication provided
- ___ DNA Testing Required ___ Yes ___ No Date Completed _____
- ___ Release of Confidential Information (DOC 140108A) completed and signed by the inmate
(ensure the inmate receives a copy)

Signature of Medical Staff _____ Date _____

2. LAUNDRY

- ___ Return of State Issued Property
- ___ Discharge Clothing Issued

Signature of Laundry Staff _____ Date _____

3. PROPERTY ROOM

- ___ Return of Personal Property
- ___ Inventory of Property to ensure that no state property leaves the facility

Signature of Property Staff _____ Date _____

4. ADMINISTRATIVE

- ___ Arrangements for completion of any pending actions, grievances, claims for damages or lost possessions

Signature of Administrative Officer or Designee _____ Date _____

5. EDUCATION

- ___ Library Books Returned
- ___ School Books Returned
- ___ Life Skills Information (copies provided), if applicable

Signature of Education Staff _____ Date _____

6. BUSINESS OFFICE

- ___ JPAY Card / Statements
- ___ Bus Ticket, if applicable

Signature of Business Office Staff _____ Date _____

7. UNIT MANAGER/Assistant Administrator of Community Corrections Center

- Unit staff will ensure the return of any unit property.
- Copy of the "Pre-Release Plan" (the unit manager will ensure that the offender signs and dates the pre-release plan, indicating receipt).
- Verification of Transportation Arrangements
- Provide Copies of all Vocational/Training and Program completion certificates (e.g., GED, CareerTech, Substance Abuse), if applicable
- Verification that Practice Interview Panel was completed
- Copy of Occupational Licenses and Certifications (OP-060901 Attachment I)
- Medicaid enrollment completed
- Voter Registration Information

Signature of Unit Manager or Assistant Administrator _____ Date _____

8. CENTRAL CONTROL/SHIFT SUPERVISOR ON DUTY

- Verification of Identity
- Verification of Release Documents

Signature of Shift Supervisor on Duty _____ Date _____

9. POST OFFICE

- Verification of Forwarding Address

Signature of Post Office staff or designee _____ Date _____

10. RELIGIOUS PROGRAMS BUILDING

- Religious Library Materials Returned
- Religious Programs Materials Returned

Signature of Chaplain _____ Date _____

11. RECORDS DEPARTMENT

- Verification of Identity
- Verification, Signatures and Copies of Release Documents
- Notification of Probation/Parole District, if applicable (to include faxing of release paperwork and "Pre-Release Plan")
- Notification of Reporting Instructions
- Notification of Court Obligations
- Notification to Register (Sex or Violent or Methamphetamine Offender)
- Release of Information completed and signed by the inmate (ensure the inmate receives a copy)
- Provide Identification Documents located in the legal file (Initial all provided to inmate):
 - driver's license state identification card birth certificate
 - social security card notarized copy of CRC Copy of Resume provided
 - Other: _____

My signature indicates that I have received the above indicated identification documents.

Signature of Inmate _____ Date _____

Signature of Records Office Staff _____ Date _____

DO NOT PURGE THIS DOCUMENT