

RELEASE PLAN INFORMATION

TO TOTH, RANDALL	DOC NUMBER 180498	FACILITY NAME RGCI	REENTRY ASSESSMENT DATE COMPLETED Legacy Completed 09-03-15	
HOUSING UNIT GN	SOCIAL WORKER NAME S.Bauer		AGENT NUMBER 32908	ES DATE LIFE

INSTITUTION JOB(S)

LIST ALL JOBS: store worker, painter, security runner, serverly worker, maintenance worker, unit worker, business basics & financial literacy tutor, anger management tutor, education tutor, unit tutor.
 SKILLS USED / LEARNED: how to deal with a variety of people and situations in a positive way; how to implement problem-solving skills; helping others in productive ways.

EMPLOYMENT UPON RELEASE

PROPOSED EMPLOYER NAME <i>unknown at this time.</i>			PHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE

FINANCIAL				
REGULAR ACCOUNT AMOUNT \$1149.01	RELEASE ACCOUNT AMOUNT \$2.80	SAVINGS ACCOUNT AMOUNT \$2168.17	RESTITUTION AMOUNT OWED \$0	CHILD SUPPORT OWED \$0
HAVE YOU RECEIVED SOCIAL SECURITY BENEFITS IN THE PAST <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list date(s):			ARE YOU ELIGIBLE FOR VETERANS' BENEFITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

HEALTH

DO YOU PLAN TO COMPLETE AN APPLICATION FOR HEALTH INSURANCE PRIOR TO RELEASE? Yes No

DO YOU HAVE ANY CURRENT HEALTH ISSUES (medical, psychological, dental) THAT YOU BELIEVE NEEDS TO BE ADDRESSED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE. You may choose not to answer this question, due to the confidential nature of the information.
N/A

DO YOU HAVE MEDICAL APPLIANCES (wheelchair, artificial limbs, etc.) THAT NEED TO BE CONSIDERED IN YOUR RELEASE PLANNING? PLEASE DESCRIBE.
N/A

EDUCATION AND TREATMENT UPON RELEASE

EDUCATION / VOCATIONAL GOALS

DO YOU PLAN ON ATTENDING SCHOOL UPON RELEASE?
 Yes No If yes, where: *Fall Sail University*

TREATMENT GOALS

ARE YOU INTERESTED IN ATTENDING TREATMENT PROGRAMS WHILE ON SUPERVISION?
 Yes No If yes, identify the type below:
 Anger Management AODA Domestic Violence Parenting/Family Sex Offender CGIP
 Other (list):

LIST LOCATION(S) OF SERVICE PROVIDER

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TRANSPORTATION UPON RELEASE

IS SOMEONE PICKING YOU UP
 Yes No If yes, list their name: *Dan & Diane Toth*

DO YOU NEED A BUS TICKET
 Yes No

CLOTHING NEEDS UPON RELEASE

LIST NEEDED CLOTHING (INCLUDE SIZES)
Will have release clothing sent in.

VITAL DOCUMENTS / PROPER IDENTIFICATION

CHECK THE BOX(ES) FOR ALL DOCUMENTS THAT YOU HAVE

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

ADDITIONAL INFORMATION

List other information you feel the Parole Commission or your DCC Agent should know about your institution programming, group participation, activities, individuals who may assist you when released, and alternate plans you may have, etc. **DO NOT ATTACH ANY DOCUMENTS TO THIS FORM.**

I have completed the following groups/programs:

- Anger Management
- Violent Offender Group
- SMART AODA Program
- BRICK Program
- LVA Tutor Training
- HOME Program
- Financial Literacy
- Business Basics
- Restorative Justice
- Coping with Long-Term Incarceration
- Gang Crimes Workshop
- Making Amends Workshop

Pre-Release Modules Completed:

- Education
- Employability
- Financial Literacy
- Housing

Educational Accomplishments:

- Liberal Arts Certificate (Louisiana State University)
- Associate of Arts Degree Program (49 credits earned through Indiana University; Credits earned through various universities)
- Fundamentals of Baking Vocational Course (Fox Valley Technical College)
- *Overall GPA for all education listed: 3.9
- Currently enrolled in courses from Adams State and Colorado College. Will complete Associate degree in 2018.

Other Accomplishments:

- ServSafe Food Manager Certificate (Nationally Accredited)
- Licensed by the State of Wisconsin Department of Health Services as a Certified Food Manager.
- First Place Award; Wisconsin Stock Market Game
- Certificate of Appreciation; Tutoring Dedication Success
- "Thank You" Certificate; Chapel Program Speaker
- Letters of Recommendation from current and former DOC employees to pursue academic scholarships.