



PRE-RELEASE QUESTIONNAIRE

The following questionnaire was created to provide Transition for Life with the best possible information to create action plans best suited for each individual.

INMATE INFORMATION	
Inmate Number	
Last Name, First Name	
Incarceration Facility	
Length of Incarceration	
Offense	
Dates of Incarceration	From: _____ To: _____

QUESTIONS

- Is there a risk assessment on file? Yes/No If yes, what is the likelihood of re-offending?
 __very low to low __medium __high
- Does the inmate get visits from family or friends? Yes/No If yes, who visits? _____
- Does the inmate have children? Yes/No If yes, how many? _____
- Child Support? Yes/No Is child support court ordered? Yes/No If yes, what is the amount?
 \$_____
- Does the inmate have or intend to have contact with their children? Yes/No If no, please indicate the reason:

- Is there a mental health evaluation on file? Yes/No Does the evaluation indicate severe mental health issues that require ongoing therapy or consultation? Yes/No
- Does the client have a substance use diagnosis? Yes/No If yes, what type of substance?

- Is the inmate currently in treatment? Yes/No
- Will the inmate need continued treatment upon release? Yes/No
- Does the inmate have a valid driver's license or state id? Yes/No If no, please indicate the reason:

11. Does the inmate currently take any prescription medication? Yes/No Please indicate type:

12. What is the highest level of education? __k-12 __College/Vocational Certification
__Graduate School

13. Did the inmate receive training while incarcerated? Yes/No If no, is there desire for vocational training opportunities? Yes/No Programs of Interest

If yes, please indicate program: _____ Successful completion? Yes/No

14. What field was inmate previously employed?

15. Does the inmate have a desire to return to this field? Yes/No

16. Does the inmate have trouble in social situations with others? Yes/No

PROBATION/PAROLE OFFICER INFORMATION	
Last Name, First Name	
Contact Number	
Email	

Probation/Parole Officer: _____

Print

Signature

Date

Please forward the completed questionnaire to Sheoni Givens at SGivens@transitions4life.net. The questionnaire can be mailed to: 800 Westport Road Kansas City, MO 64113 or sent by fax to 816-410-9252. For additional information, please visit our website at www.transitions4life.net.