



SARATOGA COUNTY SHERIFF'S OFFICE

Sheriff@SaratogaCountyNY.gov

MICHAEL H. ZURLO
SHERIFF

Richard L. Castle
Undersheriff

Richard J. Emery
Colonel

Inmate Discharge Plan

Inmate Name: _____ Release Date: _____

Medical:

Primary Care: _____
Office/Location Date/Time Phone Number

Specialist: _____
Office/Location Date/Time Phone Number

Mental Health:

Clinic/Practice: _____
Office/Location Date/Time Phone Number

Chemical Dependence Treatment:

Clinic/Practice: _____
Office/Location Date/Time Phone Number

Medication Assisted Treatment Provider:

Clinic/Practice: _____
Office/Location Date/Time Phone Number

Peer Support/Community Recovery Supports:

Agency: _____
Office/Location Date/Time Phone Number

Other:

Agency: _____
Office/Location Date/Time Phone Number

Agency: _____
Office/Location Date/Time Phone Number

Agency: _____
Office/Location Date/Time Phone Number

Insurance:

ID: _____

Group: _____

Effective Date: _____

Inmate Signature Date/Time