

Inmate's Name: _____

Release Date: _____

Do you have a substance use disorder? Yes / No

Do you need health insurance? Yes / No

Do you have stable housing? Yes / No

Would you like an inpatient treatment center set up pre-release? Yes / No

Would you like an outpatient treatment center set up pre-release? Yes / No

Do you need an MAT appointment set up pre-release? Yes / No

Would you like a Narcan kit for release? Yes/No