VIRGINIA CARES, INC.
TRANSITION FORM

Mail this form to agency closest to the area you are being released to about two weeks prior to being released.

Name of Correctional Institution_____

Name_____Inmate Number_____

Social Security Number_____Prior CARES Participant ____Yes____No

Parole Board Hearing Date_____Release Date_____
(If Known) (If Known)

Address Upon Release (If Known)_____

City_____State_____Zip Code_____

Phone Number (If Known)_____

Needs you will have upon release: Employment _____
Housing _____
ID _____

Other (Please List):_____
_____

Do you have any health problems or disabilities (Please Explain)_____
_____
_____

Virginia CARES makes every attempt to meet your needs upon release. Please understand that in order for us to assist you, we will ask that you help us by:

1. Keeping your appointments;
2. Keeping in touch with us after the initial enrollment;
3. Allowing us to contact other organizations in the community on your behalf who may be able to assist you;
4. Arriving at an office sober and not under the influence of drugs; and
5. Being honest with the staff, as they will be honest with you.

FOR VIRGINIA CARES STAFF ONLY

Date Letter Sent_____ Other Contact Date_____

Date of Office Visit_____ Responsible Staff_____

Revised 10/30/07
NOT FOR DUPLICATION