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| department of health services  Division of Care and Treatment Services  F-01626 (10/2016) | | |  | | state of wisconsin | | |
| **OARS FACILITY CHECKLIST** | | | | | | | |
| Participant Name (Last, First, MI) | | DOC # | | Date of Birth | | Social Worker Name | |
|  | |  | |  | |  | |
| OARS Case Manager Name | Agent Name | | | MR Date | | Date of Release from Institution | |
|  |  | | |  | |  | |
| **Pre-Referral Process** | | | | | | | |
| Requirements | | Date | | Notes | | | |
| \*Minimum Program Requirements: | |  | |  | | | |
| \*COMPAS Risk rating (Medium/High) | |  | |  | | | |
| \*MH-Code (MH-2a or 2b) | |  | |  | | | |
| \*County of Residence (Releasing to OARS Region) | |  | |  | | | |
| \*Demonstrates a general motivation and willingness to engage in treatment programming | |  | |  | | | |
| \*Check to verify a minimum of 6 months community supervision | |  | |  | | | |
| Check for active warrants/detainers | |  | |  | | | |
| Check for pending Interstate Compact | |  | |  | | | |
| Check for Commitment Status (ex: Chapter 51, Chapter 55, NGI, 980) | |  | |  | | | |
| Check for Guardianship | |  | |  | | | |
| Assigned Agent Name/Agent Number | |  | |  | | | |
| **Enrollment Process** | | | | | | | |
| Requirements | | Date | | Notes | | | |
| Referral to OARS Program Specialist | |  | |  | | | |
| OARS Program Specialist conducts enrollment interview. Social worker may participate. | |  | |  | | | |
| OARS Program Specialist has participant sign the informed consent and 1163’s (Authorizations) | |  | |  | | | |
| Signed 1163’s (Authorizations) are given to document services/records staff and the initial records packets are prepared for the OARS Case Management provider. | |  | |  | | | |
| **Post Enrollment Items** | | | | | | | |
| Requirements | | Date | | Notes | | | |
| DOC-2266 (or DCC reentry paperwork) completed by Participant 6 months prior to release | |  | |  | | | |
| SSI/SSD applications process initiated (DOES Project; at 6 months pre-release) | |  | |  | | | |
| Veteran Benefits eligibility determined | |  | |  | | | |
| Identification obtained(see notes section) | |  | | Social Security Card, Birth Certificate, State Photo ID | | | |
| Institution records sent to OARS case management provider within three weeks of enrollment | |  | |  | | | |
| SW participates in the initial OARS Core Team conference call | |  | |  | | | |
| SW invites OARS CM to participate in participant institution case staffings | |  | |  | | | |
| SW shares updates with core team re: MH changes, adjustment/treatment concerns | |  | |  | | | |
| SW participates in the pre-release ICP staffing approximately 30 days prior to scheduled release. | |  | |  | | | |
| Pre-release modules (see notes section) | |  | | Modules | | | Status (as applicable) |
|  | |  | | Employment | | |  |
|  | |  | | Financial Literacy | | |  |
|  | |  | | Housing | | |  |
|  | |  | | Personal Development | | |  |
|  | |  | | Transitional Prep Release Group | | |  |
|  | |  | | Health / Wellness | | |  |
|  | |  | | Relationships | | |  |
|  | |  | | Parenting | | |  |
|  | |  | | AWARE (as applicable) | | |  |
|  | |  | | Other: | | |  |
| Requirements | | Date | | Notes | | | |
| Medication education provided | |  | |  | | | |
| Release clothing obtained | |  | |  | | | |
| Discharge Summary shared with CM prior to discharge (as applicable) | |  | |  | | | |