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| department of health servicesDivision of Care and Treatment ServicesF-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) |       |       |