

STEARNS COUNTY HUMAN SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION

ATTACHMENT A

Release Advance Planning (RAP) Questionnaire

Help is now available from a group called RAP. They help with Housing, Medications, VA Benefits, Social Security Benefits, Treatment Programs, MA and other needs inmates may have when getting out of jail. Please answer the questions to help the RAP team know what your needs are and how they can help. Please send the completed questionnaire back as soon as possible to Jeff/Programs. It will take time for the RAP team to meet and see how they can help you. You must be sentenced and have a firm out date.

Name _____ DOB _____ Release Date _____

1. Are you a Stearns County resident? Y or N
My address is _____

If homeless, where did you sleep the night before you came to jail?

2. Will you have any housing when you get out of jail? Y or N

3. Do you have any VA benefits? Y or N

4. Do you have any Social Security benefits? Y or N

5. Do you have Medical Assistance? Y or N or Expired

6. Do you have an assigned Social Worker? Y or N
What is their Name _____

7. Do you have a Probation Officer? Y or N
What is their Name _____

8. Are you employed? Y or N
Where have you worked before? _____

9. Do you have any Mental Health issues? Y or N

10. Do you have any Chemical Dependency issues? Y or N

Thanks for filling this out. We will review your answers and get back to you soon.

Jeff / Programs Staff