

**ITC ACTION PLAN**

Name \_\_\_\_\_ GDC # \_\_\_\_\_ TPM \_\_\_\_\_ MRD \_\_\_\_\_

**THE NOW**

**Education**

- 1. Do you have a high school diploma or a G.E.D.? \_\_\_\_\_
- 2. Do you have a college or technical school education? \_\_\_\_\_
- 3. Do you desire to start your G.E.D. training now? \_\_\_\_\_

**Housing**

- 1. Upon release, do you have plans for housing or a residence plan? \_\_\_\_\_
- 2. Will you be able to live with parents or relatives? \_\_\_\_\_
- 3. Have you discussed living arrangements with whomever you will be living with? \_\_\_\_\_

**Food**

- 1. How do you plan to feed yourself from day to day? \_\_\_\_\_
- 2. How will you provide yourself with adequate and nutritious meals? \_\_\_\_\_

**Clothing**

- 1. How are you going to get clothing to wear? \_\_\_\_\_
- 2. Do you know someone or an agency that will provide you with clothing? \_\_\_\_\_

**Transportation**

- 1. How do you plan to get to and from work? \_\_\_\_\_
- 2. Will you have to rely on someone else to get you to work? \_\_\_\_\_
- 3. What will you do if they are unable to take you to work? \_\_\_\_\_

**Employment**

- 1. Do you have a job to go to when released? \_\_\_\_\_
- 2. What steps do you plan to take to get a job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

GDC # \_\_\_\_\_

**RELEASE PREPARATION**

**Education**

1. Do you plan to take any vocational or technical classes after getting your G.E.D.? \_\_\_\_\_
2. Do you plan on attending college after release? \_\_\_\_\_
3. How do you plan to pay for college? \_\_\_\_\_

**Housing**

1. Do you have a back up plan if your initial arrangement does not work out? \_\_\_\_\_
2. Have you had a heart to heart talk with your family members about living with them? \_\_\_\_\_
3. Have you researched any safe houses or transitional housing programs? \_\_\_\_\_
4. Name one shelter for the homeless in the community that you plan to live in. \_\_\_\_\_

**Food**

1. What agency or agencies can help you with food after your release? \_\_\_\_\_
2. What do you need to do to apply for food stamps after release? \_\_\_\_\_

**Clothing**

1. Are there any agencies or churches in your community that provide free clothes? \_\_\_\_\_
2. How do you feel about wearing second hand clothing? \_\_\_\_\_
3. Is any special clothing required for the job you will do after release? \_\_\_\_\_

**Transportation**

1. Will you be able to get a current driver's license after release? \_\_\_\_\_
2. If you owe back child support, when will you be able to get a driver's license? \_\_\_\_\_
3. How will you get to and from work? \_\_\_\_\_

**Employment**

1. What occupation is your ideal first job after release? \_\_\_\_\_
2. What other occupations will you consider if you can't do the above? \_\_\_\_\_
3. How will you keep your job? \_\_\_\_\_
4. Do you have a current, up to date resume to help you get a job? \_\_\_\_\_

Name \_\_\_\_\_

GDC # \_\_\_\_\_

**FUTURE PLANS**

**Education**

- 1. What are your education goals 5 years after release? \_\_\_\_\_
- 2. When do you plan to start your further education? \_\_\_\_\_
- 3. What year do you plan to complete your further education goal? \_\_\_\_\_

**Housing**

- 1. What is your housing goal 5 years after release? \_\_\_\_\_
- 2. If you plan to buy your own home, how will you finance it? \_\_\_\_\_
- 3. What is your back up plan if things don't work out? \_\_\_\_\_

**Transportation**

- 1. When do you plan to purchase your own vehicle? \_\_\_\_\_
- 2. How will you save for this event? \_\_\_\_\_
- 3. Are you aware of gas and insurance prices? \_\_\_\_\_

**Employment**

- 1. What job do you hope to be doing 5 years after release? \_\_\_\_\_
- 2. What are the steps that you need to take to get from where you are now to that job? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**I certify that I have completed this Action Plan honestly and that I am personally committed to completing this Action Plan to the best of my abilities. My signature indicates my intention to adhere this action plan. If I decide to alter my plans, I will discuss any changes prior to release with my counselor, or changes after my release with my probation officer, parole officer or a counselor at the Department of Labor.**

**Sign** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*This Action Plan was developed with assistance of the Smith State Prison ITC Career Center Clerks*

**RETENTION SCHEDULE:** The completed form will be placed and maintained in the inmate's institutional file