

**Offenders With Special Needs Who Are Releasing From TDCJ
Continuity of Care Information Form**

Offender name:

TDCJ number:

Scheduled release date:

This offender is scheduled for release from TDCJ. Please complete this form as soon as possible so that discharge planning can begin.

A. Activities of Daily Living

- This offender is capable of performing all activities of daily living.
- This offender requires assistance in performing some or all activities of daily living.

B. Services Needed

The offender will require the following:

- Court commitment
- Home health for
- Hospice
- Mental Health or Mental Retardation (MHMR) referral
- Nursing home care or 24-hour care provided by live-in family member
- Oxygen

The offender can travel to release via:

- Chain bus to releasing facility and walk to the bus station
- Chain bus to releasing facility and ride in an automobile to the bus station or release plan destination
- Wheelchair van (for wheelchair-dependent offenders approved by Assistive Disability Services only) to release plan destination
- MPV to releasing facility (UTMB infirmary inpatients only), then automobile to release plan destination
- Ambulance to release plan destination