 

**Greet & Meet Orientation: Transition Navigator - Justice Involved Solutions**

 Guided Pathway Transition Plan **DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: DOC #:

Contact #: Assigned CCO Name: When & where were you released?

What are your 30, 60, 90 day goals? What do you need to support these goals?

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|  | **CIRCLE ONE** |  | **NOTES** |  |
| Social Security Card | YES |  | NO |   |  |
| WA Driver’s License/I.D. | YES |  | NO |   |  |
| Veteran | YES |  | NO |   |  |
| GED/HS Diploma | YES |  | NO |   |  |
| Resume | YES |  | NO |   |  |
| Transportation | YES |  | NO |   |  |
| Housing Needs (SPIA) | YES |  | NO |   |  |
| LFOs/Child Support (STP) | YES |  | NO |   |  |
| WA State Apple Care  | YES |  | NO |   |  |
| 1 full set interview clothes | YES |  | NO |   |  |
| 2 full sets work clothes | YES |  | NO |   |  |
| Treatment Provider | YES |  | NO |   |  |
| Learning Challenges (DVR)  | YES |  | NO |   |  |
| Food Stamps/BFET | YES |  | NO |   |  |
| Post-Secondary Education & Training Interest (Guided Pathways) | YES |  | NO |   |  |

 <http://kccpts.org/>