**John Doe's Reentry Care Plan**

|  |  |
| --- | --- |
| Field | Value |
| Medical ID Number | Not Selected |
| Name of the youth | Not Selected |
| Actual release date | Not Selected |
| Scheduled Appointments | Not Selected |
| Court dates | Not Selected |
| Income and benefits | Not Selected |
| Food & Clothing | Not Selected |
| Identification documents | Not Selected |
| Life skills | Not Selected |
| Family and children | Not Selected |
| Service referrals | Not Selected |
| Home Modifications | Not Selected |
| Durable Medical Equipment | Not Selected |
| Screenings | Not Selected |
| Housing | Not Selected |
| Employment | Not Selected |
| Transportation | Not Selected |
| Treatment History | Not Selected |
| Race/Ethnicity | Not Selected |
| Residential Address | Not Selected |
| Telephone | Not Selected |
| Medi-Cal health plan assigned | Not Selected |
| Health Screenings | Not Selected |
| Health Assessments | Not Selected |
| Chronic Conditions | Not Selected |
| Prescribed Medications | Not Selected |
| Primary physician contacts | Not Selected |
| Clinical Assessments | Not Selected |
| Emergency contacts | Not Selected |