



# Cover Virginia Incarcerated Unit Communication Form

**\*\*All fields highlighted in RED are REQUIRED and must be completed.\*\***

**Upon completion, please forward to the Cover Virginia Incarcerated Unit email: [CVIU.eligibility@coverva.org](mailto:CVIU.eligibility@coverva.org)**

Type of Facility (Drop-Down):

Name of Facility: \_\_\_\_\_

Check the Applicable Box			
Pre-Release Notification	Change of Information/Re-Entry Notification	Pregnant Woman/Newborn	
Facility Change	Other	<b>Check ALL boxes that APPLY. You MUST select at least ONE checkbox.</b>	
<b>Applicant Basic Information</b>			
Individual's Name:			DOB:
	Last	First	Initial
Individual's SSN:		Offender ID:	

Individual Completing this Form: \_\_\_\_\_

Contact Phone #:

Your Title: \_\_\_\_\_

## Pre-Release Form

(The purpose of this section is to submit **Pre-Release Information.** )

### Pre-Release Applicant Information

Medicaid ID:

Release Date:

Future Address:

Street Address

City

State

Zip

Name of County/City Local Dept of Social Services:

Does individual need help with everyday things like bathing, dressing, walking or using the bathroom to live safely in their home? Or has a doctor or nurse told you that you have a physical disability or long term disease, mental or emotional illness, or addiction problem? ( Type in the Box Below ) If **Future Address:** fields above are **BLANK**, explain below.

## Change/Re-Entry Form

(The purpose of this section is to report **changes for a Re-Entry Citizen.** )

### No-Longer Incarcerated (Re-Entry Citizen)

Date of Release:

New Address:

Street Address

City

State

Zip

Name of County/City Local Dept of Social Services:

Contact Phone #:

Is there a change to previously provided release information?

\*If **'Yes'**, please provide **details** below.

Is the individual scheduled for release?

Is there a change in the release date?

\*If **'Yes'**, please provide **NEW Release Date** below.

Provide additional information applicable to the change and/or case ( Type in the Box Below ):

## Pregnancy & Newborn Information

(The purpose of this section is to report **Pregnancy & Newborn Information for an incarcerated person.** )

### End of Pregnancy (other than live birth)

Pregnancy End Date:

Name of Hospital:

Hospitalization Dates:

From

-

Through

Child's Name:

Last

First

Initial

DOB:

Hospital Name:

Hospitalization Dates of Mother:

From

-

Through

### Newborn's Guardian Information:

Guardian's Name:

Last

First

Initial

Relationship to Newborn:

Guardian's Address:

Street Address

City

State

Zip

### Additional Information:

( Provide additional pertinent, applicable information/details such as multiple live birth names {twins, triplets}, etc. )

( Type in the Box Below )

**Incarceration Facility Change**

(The purpose of this section is to report a **Facility Change for an incarcerated person.** )

Current Facility:

Date of Transfer:

New Facility:

New Offender:

**Other Changes (Explain)**

(Type in the Box Below)

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You MUST CLICK the **CHECK FORM** button to **check for and correct form errors before forwardng** to Cover Virginia Incarcerated Unit email.