

**EXPEDITED INMATE  
MEDICATION PROCESS**

JD-AP-153 New 9-09

**Instructions to CSSD staff:**

- 1. If client checks "yes", have client complete forms to continue receiving medication and State Administered General Assistance (SAGA) benefits.*
- 2. If client checks "no", give client information how to apply for SAGA benefits in the future.*
- 3. Give client a copy of the completed form.*
- 4. Put original in individual client's file.*
- 5. If client refuses to sign, indicate client's refusal on the form and put in client's individual file.*

I have been getting medication prescribed by the Department of Correction (DOC) and I would like to keep getting this medication when I am released.

☐ Yes    ☐ No

If I checked "No", I understand that I can apply at a later date to get this medication and for any other State Administered General Assistance (SAGA) benefits by following the procedures set up by the Department of Social Services (DSS).

Inmate name	Witness
Inmate signature	Witness signature