

TOPPSTEP CHECKLIST

Inmate Name _____ GDC ID Number _____ PIC/TPM/MRD or Probation Release Date _____
 Detainee _____

(circle which applies)

	YES	NO*	DATE	SIGNATURE/COMMENTS
SOCIAL SECURITY CARD APPLICATION COMPLETED				
BIRTH CERTIFICATE APPLICATION COMPLETED				
DEPT. DRIVER SERVICES ID CARD OR DL APPLICATION COMPLETED				
SOCIAL SECURITY CARD ORDERED				
BIRTH CERTIFICATE ORDERED				
DEPT. DRIVER SERVICES ID CARD OR DL ORDERED				
SOCIAL SECURITY CARD RECEIVED				
BIRTH CERTIFICATE RECEIVED				
DEPT. OF DRIVER SERVICES ID CARD OR DL RECEIVED				
ASSIGNED TO JOB DEVELOPMENT PROGRAM				
COMPLETED JOB DEVELOPMENT PACKAGE				
JOB DEVELOPMENT PACKAGE VERIFIED BY COUNSELOR				
REVIEWED BY SUPERINTENDENT'S DESIGNEE				
MAILED JOB DEVELOPMENT PACKAGE				

*A signed refusal form is to be placed in the package of any detainee who refuses to participate in TOPPSTEP