|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | {displayName} | | Resident’s Name | | |  | | --- | | {externalId} | | MDOC # | | |  | | --- | | {todaysDate} | | Date | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | {facilityId} | | Facility | | |  |  | | --- | --- | | {unitId} | | | Housing Unit | | |  | | --- | | {assignedStaffFullName} | | Case Manager | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | {custodyLevel} | | Current Custody Level | | |  | | --- | | {admissionDate} | | DOC Intake Date | | |  | | --- | | {arrivalDate} | | Facility Intake Date | |

|  |  |  |
| --- | --- | --- |
| Will the resident be required to serve a period of probation or supervised release for sex offenders? | | |
| {#isWithProbation}{/}{^isWithProbation}{/} Yes  {#isWithProbation}{/}{^isWithProbation }{/} No | | |
| Type of Review: |  |
| {#isAnnualReclass}{/}{^isAnnualReclass}{/} Annual {#isSemiannualReclass}{/}{^isSemiannualReclass}{/} Semi-Annual  Interim |

|  |  |
| --- | --- |
| Current Custody Release Date: | {releaseDate} |

|  |  |  |
| --- | --- | --- |
| Current Offenses: | |  | | --- | | {currentOffenses1} | |

|  |
| --- |
| {currentOffenses2} |
| {currentOffenses3} |
| {currentOffenses4} |

|  |  |
| --- | --- |
| Disciplinary Violations: | Not found guilty of a Class A or B disciplinary violation and no Class A or B disciplinary violation pending in the last **{vNum}** Days |
| Programs | Number of programs completed successfully: **{numOfPrograms}** |
| Furloughs: | Number of furloughs granted in the last 6 months: **{numOfFurloughs}** |
| Community Transition Release in the last 6 months: | Yes  No |
| SCCP Eligibility: | Expected eligibility date: **{sccpEligibilityDate}** |
| Work Assignments (in the past 6 months): | |  | | --- | | {workAssignments1} | | {workAssignments2} | | {workAssignments3} | | {workAssignments4} | |
| Work Evaluation:  Excellent  Satisfactory   Unsatisfactory | Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Housing Evaluation  Excellent  Satisfactory   Unsatisfactory | Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Programs/Education Completed: | |  |  |  | | --- | --- | --- | | {programCompleted1} | {programCompleted6} |  | | {programCompleted2} | {programCompleted7} |  | | {programCompleted3} | {programCompleted8} |  | | {programCompleted4} | {programCompleted9} |  | | {programCompleted5} | {programCompleted10} |  | |
| Case Plan Goals: | | |  |  |  | | --- | --- | --- | | {casePlanGoals1} | {casePlanGoals6} |  | | {casePlanGoals2} | {casePlanGoals7} |  | | {casePlanGoals3} | {casePlanGoals8} |  | | {casePlanGoals4} | {casePlanGoals9} |  | | {casePlanGoals5} | {casePlanGoals10} |  | |
| Future Plans: | |  | | --- | |  | |  | |  | |  | |
| Furloughs (in the past 6 months): | |  | | --- | | {furloughs1} | | {furloughs2} | | {furloughs3} | |
| Disciplinary Reports (in the past 12 months): | |  | | --- | | {discplinaryReports1} | | {discplinaryReports2} | | {discplinaryReports3} | | {discplinaryReports4} | | {discplinaryReports5} | |
| Escape History (in the past 10 years): | |  | | --- | | {escapeHistory1} | | {escapeHistory2} | | {escapeHistory3} | |
| Medical Restrictions: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Relevant Information: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any changes to the emergency contact?  Yes  No | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Summary and recommendations: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Resident’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Case Worker’s Signature Date