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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | {custodyLevel} | | Current Custody Level | | |  | | --- | | {arrivalDate} | | Arrival at the current facility | | |  | | --- | | {admissionDate} | | Initial arrival at DOC | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of review: | Does the resident’s sentence include a probation term? | |  |  | | --- | --- | | Current Release Date: | {releaseDate} | |
| {#isAnnualReclass}{/}{^isAnnualReclass}{/} Annual {#isAnnualReclass}{/}{^isAnnualReclass}{/} Semi-Annual | {#isWithProbation}{/}{^isWithProbation}{/} Yes {#isWithProbation}{/}{^isWithProbation }{/} No |

|  |  |
| --- | --- |
| Resident Summary: | **Violations:** No Class A or B disciplines occurring or pending in the last **{vNum}** Days  **Programming:** Number of programs completed successfully: **{numOfPrograms}**  **Furloughs:** Number of furloughs granted (Last 6 months): **{numOfFurloughs}**  **SCCP Eligibility:** Expected eligibility date: **{sccpEligibilityDate}** |
| Work Assignments (in the past 6 months): | |  | | --- | | {workAssignments1} | | {workAssignments2} | | {workAssignments3} | | {workAssignments4} | |
| Work Evaluation:  Excellent  Satisfactory | Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Housing Evaluation  Excellent  Satisfactory | Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Programs Completed: | |  | | --- | | {programCompleted1} | | {programCompleted2} | | {programCompleted3} | | {programCompleted4} | | {programCompleted5} | | {programCompleted6} | | {programCompleted7} | | {programCompleted8} | | {programCompleted5} | |
| Case Plan Goals: | |  | | --- | | {casePlanGoals1} | | {casePlanGoals2} | | {casePlanGoals3} | | {casePlanGoals4} | | {casePlanGoals5} | | {casePlanGoals6} | | {casePlanGoals7} | | {casePlanGoals8} | | {casePlanGoals9} | | {casePlanGoals10} | |
| Future Plans: | |  | | --- | |  | |  | |  | |  | |
| Current Offenses: | |  | | --- | | {currentOffenses1} | | {currentOffenses2} | | {currentOffenses3} | | {currentOffenses4} | | {currentOffenses5} | |
| 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 Issues or Restrictions: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any changes to the emergency contact?  Yes  No | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Summary and recommendations: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Resident’s Signature Date

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

Case Worker’s Signature Date