|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident’s Name: | {residentName} |  | MDOC No.: | {mdocNo} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility/Housing Unit: | {facilityHousingUnit} |  | Case Manager: | {caseManager} |

FROM: Unit Team

TO: Chief Administrative Officer, or designee

Attached is a completed Community Transition Program Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any recommended additional conditions.

The resident is eligible for community transition release and is:

Recommended

Not Recommended (specify reasons):

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

Signature of Unit Manager, or designee Date

Decision of Chief Administrative Officer, or designee

The resident is still eligible for community transition release and is:

Approved (specify required modifications to application and/or required additional conditions):

Not Approved (specify reasons):

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

Signature of Chief Administrative Officer, or designee Date