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

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

Initial Furlough Leave  Subsequent Furlough Leave

Applying for multiple furloughs pursuant to Policy 27.4 (AF), Furlough Program, Procedure F. 15.

Purpose: Interview/Assessment/Evaluation  Education (one time event) Treatment/AA/NA

Family Visit for a purpose set out in Policy (AF) 27.4, Furlough Program, Procedure B.5. If family visit, specify purpose:

Other (specify):

Primary Location (including full physical address):

Contact Phone Number for the primary location:

Date/Time of Departure: Date/Time of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying for multiple furloughs, specify all dates/times of departure and return:

I agreethat the Department’s Director of Victim Services, or designee, may notify my victim(s), if applicable, of the requested furlough leave.

**Sponsor Information**

Sponsor’s Name: Relationship to Sponsor:

Sponsor’s Physical Address:

Sponsor’s Mailing Address (if different):

Sponsor’s Phone Number:

**Transportation Information:**

Name of Driver:

Driver’s Physical Address (if different from Sponsor):

Driver’s Mailing Address (if different from physical address):

Driver’s Phone Number (if different from Sponsor):

I AM ALSO REQUESTING THE FOLLOWING SPECIAL ACTIVITIES (type of activity, date, beginning and ending times, location, physical address, contact phone number for location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_