

MASSACHUSETTS DEPARTMENT OF CORRECTION

John O. Boone
Commissioner

COMMUNITY REHABILITATION SYSTEM REPORTING FORMS

(Massachusetts Halfway House, Inc.)

Division of Planning and Research

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Resident Data Sheet

Name _____

Commitment No. _____

Residential Facility _____

FBI No. _____

Date Entered Program _____

Social Security No. _____

Referring Facility _____

Employment Data

Number of Job Placements _____

F/T _____ P/T _____

Types of Jobs

Number of Days Worked

1st _____

2nd _____

3rd _____

Principle Product or Service of Employer

1st _____

2nd _____

3rd _____

Importance of Institutional Training or Education (No, Somewhat, Yes)

1st _____ (specify kind of training)

2nd _____ (" " " ")

3rd _____ (" " " ")

Reason for Termination (Check Reason)

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Resident Laid Off	_____	_____	_____
Resident Fired	_____	_____	_____
Resident Quit	_____	_____	_____
Returned to Institution (own request)	_____	_____	_____
Returned to Institution Facility	_____	_____	_____
Returned to Institution (parole violation)	_____	_____	_____
Transferred to Another Facility	_____	_____	_____
Other (specify) (parole violation)	_____	_____	_____
Medical Disability	_____	_____	_____
Other (specify _____)	_____	_____	_____

Earnings Data

Total Gross Earnings _____
Other Funds Upon Admission _____
Total Federal Taxes Withheld _____
Total State Taxes Withheld _____
Total FICA or Retirement Withheld _____
Total Spend on Room and Board _____
Total Spent in Community _____
Total Funds on Release _____
Is resident providing support payments? yes _____ no _____

Referral Data

Education

Type of Program (GED, HS, College, etc.) _____
Program Conducted by _____
Resident Costs Paid by _____
No. of Hours per Week in the Program _____
No. of Weeks Completed _____
Program Completed Yes _____ No _____
Plan to Complete Yes _____ No _____

Vocational Training

Type of Program Skilled _____ Semi-Skilled _____
Manual _____ Office _____
Program Conducted by _____
Resident Costs Paid by _____
No. of Hours per Week in the Program _____
No. of Weeks Completed _____
Program Completed Yes _____ No _____
Plan to Complete Yes _____ No _____

Service Agency Record

No. of Referrals for Employment _____

Education _____

Training _____

Medical _____

Rehabilitation _____

Welfare _____

Other (specify service area) _____

No. of Referrals which resulted in services to the resident:

Employment _____

Education _____

Training _____

Medical _____

Rehabilitation _____

Welfare _____

Other (specify service area) _____

Termination Data

Date of Termination _____

Total No. of Days in Program _____

Planned No. of Days in Out-Residency _____

Specific community in which resident plans to reside (for example, South End, Roxbury, not "Boston"): _____

Reason for Termination of Residence:

successfully completed program - continued on parole _____

successfully completed program - discharged _____

transferred to another facility _____

type of facility _____

returned to prison (MCI _____)

Reason: Medical problems _____

Revocation _____

Resident's request _____

Violation of house rules _____

Inability to adjust _____

Other (specify _____)

arrested for new crime (specify _____)

at large _____

other (specify _____)

Rate this resident's living unit adjustment, as revealed in his overall conduct and attitude since he has been in the halfway house.

1 2 3 4
/ / / /
poor fair good excellent

Narrative Wrap-Up Report (include follow up plan)