MASSACHUSEITS DEPARTMENT OF CORRECTION

John 0. Boone Commissioner

COMMUNITY REHABILITATION SYSTEM REPORTING FORMS

(Massachusetts Halfway House, Inc.)

Division of Planning and Research

Resident Data Sheet

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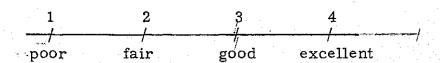
<u>Re</u>	si <u>dent Data Sheet</u>
Name	Commitment No.
Residential Facility	FBI No.
Date Entered Program	Social Security No.
	Referring Facility
	- [- [- [- [- [- [- [- [- [- [
Employment Data	기 시시 아들 때 그는 이번 전략이 없었다. 이 편
Number of Job Placements	F/TP/T
Types of Jobs	Number of Days Worked
3rd	
Principle Product or Service of E	in the first of the control of the c
1st	
2nd	
3rd	
Importance of Institutional Training o	
1st	(specify kind of training)
2nd	
3rd	(
Reason for Termination (Check Reaso	
	1st 2nd 3rd
Resident Laid Off	
Resident Dired	
Resident Quit	
Returned to Institution (own reque	est)
Returned to Institution Facility	
	ne en 1916 - Maria de la Calenda de Calenda La calenda de la Calenda d
(parole violation)	
المسوقة بمناه والمنازة فرزا أرام فالمناب والمجيرون وفعا المستعدة كيسترجفه المنطوب والمواجعة	

Total Gross Earnings Other Funds Upon Admission Total Federal Taxes Withheld Total State Taxes Withheld Total State Taxes 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 Program Conducted by Resident Costs Paid by No. of Hours per Week in the Program No. of Weeks Completed Program Conducted by Resident Costs Paid by No. of Hours per Week in the Program No. of Weeks Completed 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 Plan to Completed Yes No					
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Total Spend on Room and Board Total Spent in Community Total Funds on Release Is resident providing support payments? yes no	Total State Taxes Withheld				
Total Spent in Community Total Funds on Release Is resident providing support payments? yes	Total FICA or Retirement W	ithheld			
Total Funds on Release Is resident providing support payments? yes	Total Spend on Room and Boa	ard			
Is resident providing support payments? yes	Total Spent in Community				
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Type of Program Manual Office	Plan to Complete	Yes	No		
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Program Completed Yes No					
######################################			No		
			No		

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Service Agency Record	in in an enterin in the Alberta Communication of the Alberta Communication				
No. of Referrals for Empl	oyment				
Educa	ation				
Train	ning				
Medic	cal				
Rehal	oilitation	12 (12 m) 1 m)			
Welfa	ıre				
Other	(specify se	ervice area)			
No. of Referrals which res	sulted in se	rvices to the r	esident:		
Emp	oloyment				
Historia de Carlos de Carl	cation				
Trai	ining				
Med	ical				
Reha	abilitation				
Welf	fare				
Othe	r (specify s	service area) _			
Termination Data					
Date of Termination	Total	. No. of Days i	n Program	<u></u>	
	—– Planı	ned No. of Day	s in Out-R	esidency_	
Specific community in which	ch resident	plans to reside	e (for exam	nple, Sout	h End,
Roxbury, not "Boston"):					

son for Termin	nation of Residen	They have the second					
successfully o	ompleted program -	conti	nued on p	parole		_	
successfully o	ompleted program -	disch	arged			i de la composition de la composition La composition de la	
transferred to	another facility						
type fof f	acility			<u>. </u>			
returned to pr	rison (MCI						
Reason:	Medical problems					-	
	Revocation						
	Resident's request						· · · · · · · · · · · · · · · · · · ·
	Violation of house i	ules	* *				
	Inability to adjust						
	Other (specify)		-	
arrested for n	ew crime (specify _			_ _			
)			
at large	•					-	
other (specify				<u> </u>			
)			
	successfully of transferred to Type of for returned to proceed Reason:	successfully completed program - transferred to another facility Type of facility returned to prison (MCI Reason: Medical problems Revocation Resident's request Violation of house reliability to adjust Other (specify arrested for new crime (specify	successfully completed program - continuous successfully completed program - disched 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	successfully completed program - continued on successfully completed program - discharged transferred to another facility typeFof 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	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	successfully completed program - continued on parole successfully completed program - discharged transferred to another facility TypeFof facility returned to prison (MCI	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

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



Narrative Wrap-Up Report (include follow up plan)