



### Community Residential Program - Institutional Referral

Referral to: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ / \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referral from: \_\_\_\_\_ Staff Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant Sex Assigned at Birth: Male  Female  Intersex

Gender Identity: Male/Man  Female/Woman  TransMale/Man  TransFemale/TransWoman

Gender Non-Binary/Gender Non-Conforming  Something Else

Participant Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Release Date: \_\_\_\_\_

Current Offenses: \_\_\_\_\_ Prior Offenses: \_\_\_\_\_

To what P&P District does this participant have post release supervision? \_\_\_\_\_

Are there any mental health needs? Yes  No  If yes, please explain: \_\_\_\_\_

Are there any medical needs? Yes  No  If yes, please explain: \_\_\_\_\_

Participant Special Needs: 1) \_\_\_\_\_ 2) \_\_\_\_\_

(Medical, dietary, ADA): 3) \_\_\_\_\_ 4) \_\_\_\_\_

Is the participant able to climb stairs? Yes  No

If the participant has any medical needs, please attach a statement from mental health and wellness and health services staff including diagnosis, medications, and any special needs that would need to be considered

How long has the participant been housed at current facility? \_\_\_\_\_

Is the participant currently employed? Yes  No

Briefly describe the participant's institutional behavior including institutional charges, behavior in the housing unit, etc.: \_\_\_\_\_

What programs has the participant completed or currently attending? \_\_\_\_\_

Are there any individuals with whom the participant should not have contact? Yes  No  If yes, please attach and submit a list of all persons with whom the participant should not have any contact.

Additional Comments: \_\_\_\_\_

Yes  No The participant has been notified that they will be responsible for all bills associated with medical care while at Insert Program Name.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*CC: [CRPReferrals@vadoc.virginia.gov](mailto:CRPReferrals@vadoc.virginia.gov); and the CRP site where the referrals are being sent.

\*File material enclosed: All file material should be submitted as a complete package, e.g., *Pre/Post Sentence Report, a copy of a physical/TB test within last six months prior to release, and PSI/Criminal History information, Classification Report, Probation/Parole Conditions*

\*Contact the CRP with any questions. CRP contact information and mailing addresses; see Attachment 2, *Statewide Community Corrections Residential Programs*.

