**Community Residential Program - P&P Referral**

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|  | | | | | | | | | | | | | | | | | | | | | | Date: |  | |
| Referral to: | | |  | | | | | | | | | | | | | |  | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | City: |  | | | | |
|  | | | | | State / Zip: | | | | | | | | | | | | | | | / | | | | |
| Phone: |  | | | | | | | | | | | |  | | | | | | Fax#: |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral from P&P District**:** | | | | | | | |  | | | | | |  | P&P Officer: | | | |  | | | | | |
| Phone #: | |  | | | | | | | | | | | |  | | | | | | | | | | |
| P&P Officer Email Address: | | | | | | | | | | |  | | | | | | | | | | | | |  |
| P&P Officer Emergency Contact Number (after-hours): | | | | | | | | | | | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Probationer | | | | | | Parolee | | | | | | | |  | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 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 #: |  |   Yes  No, Physical examination results enclosed (performed within last six months)   |  |  |  |  | | --- | --- | --- | --- | | Current Offense: |  | Prior Offenses: |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| The above-named participant will be available for program entry on: | | | | | | | | | | | | | | | | | | |  | | | | |  |
| 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 Special Needs: | | | | | | | | 1) | |  | | | | | | | 2) |  | | | | | |  |
| (Medical/dietary/ADA): | | | | | | | | 3) | |  | | | | | | | 4) |  | | | | | |  |
| Is the participant able to climb stairs? Yes  No  Substance use treatment (support groups only, e.g., NA/A  Adult Basic Education  Employment  Home Plan Development | | | | | | | | | | | | | | | | |  | | |  | | | |  |
|  | | | | | | |  | |  | | |  | | |  | | | | | |  | | | |
| Other: | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach and submit a list name of programs to be completed prior to entering | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | | | | | | | | | | | | | | | |
| \***CC:** [CRPReferrals@vadoc.virginia.gov](mailto:CRPReferrals@vadoc.virginia.gov); and CRP site where the referrals are being sent.  \* Upon completion of or termination from this program, supervisee may be required to obtain a home plan in their sentencing/referring P&P District. | | | | | | | | | | | | | | | | | | | | | | | | |
| \***File material enclosed:** All file material will 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* | | | | | | | | | | | | | | | | | | | | | | | | |