



Community Residential Program - Institutional Referral

Referral to: _____ Date: _____

Street Address: _____

City _____ State / Zip _____ / _____

Phone: _____ Fax _____

Referral from: _____ Staff Contact: _____

Phone: _____ E-Mail Address: _____

Offender Name: _____ Offender #: _____

Release Date: _____

Current Offenses: _____ Prior Offenses: _____

To what district does this offender have post release supervision? _____

Are there any mental health issues? Yes No If yes, please explain: _____

Are there any medical issues? Yes No If yes, please explain: _____

Offender Special Needs: 1) _____ 2) _____

3) _____ 4) _____

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

How long has the offender been housed at current institution? _____

Is the offender currently employed? Yes No

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

What programs has the offender completed or currently attending? _____

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

Additional Comments: _____

I acknowledge that I am responsible for all bills associated with my medical care while participating in the Community Residential Program. I understand that once I complete the program I will be required to report to the district in which I have a probation obligation.

Offender's Signature: _____ Date _____

***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.

