



Community Residential Program - P&P Referral

Date: _____

Referral to: _____

Street Address: _____ City: _____
State / Zip _____ / _____

Phone: _____ Fax: _____

Referral from District: _____ P&P Officer: _____

Phone: _____

P&P Officer E-Mail Address: _____

P&P Officer Emergency Contact Number (after-hours): _____

Probationer Parolee

Offender Name: _____ Offender #: _____

Yes No, Physical examination results enclosed (performed within last six months)

The above-named offender will be available for program entry on: _____

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

Offender Special Needs: 1) _____ 2) _____
3) _____ 4) _____

Substance abuse treatment (support groups only, e.g., NA/AA)

Adult Basic Education Employment Home Plan Development

Other: _____

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.

Attach and submit a list names of programs to be completed prior to entering

Additional Comments: _____

*Upon completion of or termination from this program, subject will be required to obtain a home plan in their sentencing/referring district.

***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*.

