

# Community Contract Facility Screening Form

Present Facility: \_\_\_\_\_ Facility Requested: \_\_\_\_\_

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

Race: \_\_\_\_\_ Gender : \_\_\_\_\_ Checklist \_\_\_\_\_

FAF: \_\_\_\_\_ RAP: \_\_\_\_\_ Medical Evaluation: \_\_\_\_\_

Psychological Evaluation (attach if applicable): \_\_\_\_\_

Program Conditions: \_\_\_\_\_ SAS: \_\_\_\_\_

CRC: \_\_\_\_\_

Release of Information: \_\_\_\_\_

I. **Nature of current offense (details, contributing factors)**

\_\_\_\_\_  
\_\_\_\_\_

II. **Profile**

A. Misconduct history (One year minimum, provide details Class A/B only)

B. Programmatic Needs/Involvement/Completion

C. Employability/Verified job offer: Yes No

III. **Parole data (to be completed by Population Office)**

\_\_\_\_\_  
\_\_\_\_\_

IV. **Recommendation:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Case Manager :** \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Case Manager IV/Unit Manager:** \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Sending Facility Head Response:** Approved \_\_\_\_\_ Denied \_\_\_\_\_

**Contract Agency Action:** Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Original: Field File  
Copy: Offender  
Copy: Service Agency