

FACILITY ASSIGNMENT FORM (FAF)

Recommending Facility: _____ Date: ____/____/____

Offender's Name: _____ Race: _____ Sex: _____
Last First

DOC Number: _____ Request Number: _____

I. TYPE OF TRANSFER: (mark appropriate items)

_____ Security (SHU/Misconducts)	_____ Segregated Housing Unit	<u>Security Level after Classification</u>
_____ Programmatic	_____ Wheelchair	_____ Maximum
_____ Administrative	_____ Court Hearing	_____ Medium
_____ Non-Association	_____ Medical Problems	_____ Minimum
_____ Routine	_____ Mental Health	_____ Community Placement
	_____ Temporary Placement	

II. DESCRIPTION OF REASON FOR TRANSFER:

III. FACILITY CLASSIFICATION COMMITTEE ACTION:

Concur Yes _____ If No, Reason: _____
No _____

Chairperson: _____ Case Manager/ Committee Member : _____

Offender's Signature: _____ Contract Monitor: _____ Concur Yes _____
No _____

Routine: _____ Date: ____/____/____
Case Manager IV

Facility Head Review: _____ Date: ____/____/____

Final Facility Recommendation: _____ Maximum _____ Medium _____ Minimum _____ Community Placement
_____ GPS

IV. Division Manager/Administrator / Administrator Classification and Population:

Concur Yes No Signature: _____ Office: _____ Date: _____
Concur Yes No Signature: _____ Office: _____ Date: _____

V. POPULATION OFFICE ACTION :

Concur _____ Do Not Concur _____ Date of Assignment: ____/____/____

The offender is assigned to: _____ Waiting List: Yes _____ No _____

Population Officer _____ Date _____ Date of Transfer: ____/____/____

_____ Denied _____
Coordinator of Population Date

Reason: _____