

FLORIDA DEPARTMENT OF CORRECTIONS

**PERSONALIZED PROGRAM PLAN FOR
COMMUNITY RELEASE CENTERS**

I. INTAKE PROCEDURE

A. INTAKE INFORMATION:

Inmate's
Name: _____ DC#: _____

Race/Sex: _____ Date of Birth: _____

Date of Arrival: _____

Emergency Notifications:

Name: _____ Relation: _____

Address: _____

Telephone: _____

Facility/Institution of Origin: _____

County of Commitment: _____

Length of Sentence: _____

Special Conditions: _____

Personal Physician: _____

Address of Physician: _____

Physician Phone Number: _____

B. ASSIGNMENT: _____

Special Conditions and/or Recommendations: _____

C. LETTER OF NOTICE DC6-102 SIGNED: Date: _____

D. HEALTH SCREEN COMPLETED: Date: _____ Time: _____

II. PROGRAM PLAN

Program Goals and Objectives

Plan of Action
(Measurable Criteria)

Time Schedule

Program Goals and Objectives	Plan Of Action (Measurable Criteria)	Time Schedule
<p>A. Orientation</p> <p>Presentation of Orientation Packet and/or film, including forms to be completed</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Overview of Departmental rules, policy and procedures including emergency procedures and inmate's handbook.</p> <p>Introduction of staff, i.e. Major, Lt., CPO, Sgt., and Group CO/Private Center Staff.</p> <p>Employment and program assessment, gathering information pertaining to employment and program involvement.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Comp. Date _____</p> <p>_____</p>
<p>B. Programs</p> <p>1. Community Work Release Recommendation</p> <p>_____</p> <p>2. Develop Employment Preference</p> <p>Skill _____</p> <p>3. Offer Religious Services</p> <p>_____</p> <p>Religious Preference</p>	<p>For CWA: disciplinary free within the last 60 days, community custody, satisfactory adjustment and program involvement</p> <p>_____</p> <p>_____</p> <p>Community Work Release Inmate: Placement based on job skill.</p> <p>_____</p> <p>_____</p> <p>When possible attend professed denomination; provide religious literature, study & regular services. Outside services limited to one per week.</p> <p>_____</p> <p>_____</p>	<p>Within 28 months of release date if serving a sentence with an advanceable release date and 19 months if serving a non-advanceable sentence.</p> <p>Tentative recommendation date</p> <p>_____</p> <p>Employment cannot begin earlier than _____ days in the program.</p> <p>Date initial employment may begin</p> <p>_____</p> <p>Date employment began</p> <p>_____</p> <p>Specified Day</p> <p>_____</p>

Program Goals and Objectives

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B. PROGRAMS

4. Recommendation for Type "B"
Furlough for family visitation

Complete a third of sentence or five calendar years, whichever is less; disciplinary free for 60 days, satisfactory Center and job assignment within first three months of arrival.

Tentative Recommendation Date

5. Approval for Type "B"
Furlough for family visitation

Disciplinary free for 60 days; no corrective consultation within the last month; satisfactory program adjustment; pass room inspection; maintain personal hygiene. Maintain employment, i.e. not quit or fired from employment.

One per week; new week begins on Monday

Date Approved

6. Group Meeting

Disseminate information and forms; discuss problems and answer questions, i.e. center adjustment, personal, family and employment concerns.

At least once per month

7. Academic/Vocational

Preparation for GED, enhancement of academic and vocational skills

Day and Time

8. Substance Abuse
Programming

Prior history of substance abuse, recommendation by court, classification or center staff.

Day and Time

(Substance Abuse, AA , NA,)
Other _____

III. Budget Plan
Program Goals and Objectives

Plan of Action
(Measurable Criteria)

Time Schedule

<p>A. Subsistence</p> <p><u>55</u> %</p>	<p>Based on net income.</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>B. Transportation</p>	<p>Based on approved method of transportation including, public bus, bike, walk, employer provided. If private center provided, a charge of no more than \$3.00 each way.</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>C. Restitution, Fines, Court Costs</p> <p><u>10</u> %</p>	<p>Payment to begin after inmate is gainfully employed. Based on net income.</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>D. Savings</p> <p><u> </u> % (10% minimum)</p>	<p>Money saved out of each paycheck.</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>E. Family Assistance</p> <p><u> </u> %</p> <p>(10% minimum, if applicable)</p>	<p>Assist family with financial obligations including child support</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>F. Personal Expenses</p> <p><u> </u> %</p> <p>Up to an approved maximum of \$100.00 per week (only after above requirements met)</p>	<p>Funds to purchase necessity items.</p> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>
<p>G. Other</p> <p><u> </u> %</p>	<hr/> <hr/> <hr/>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-Weekly</p> <p><input type="checkbox"/> Monthly</p>

