

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

<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>Program Goals and Objectives</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>Plan Of Action (Measurable Criteria)</p>	<p>Comp. Date _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Time Schedule</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, minimum 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

Plan of Action
(Measurable Criteria)

Time Schedule

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

Plan of Action
(Measurable Criteria)

Time Schedule

Program Goals and Objectives

A. Subsistence	Based on net income.	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<u>55</u> %	_____	_____
B. Transportation	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.	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
C. Restitution, Fines, Court Costs	Payment to begin after inmate is gainfully employed. Based on net income.	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<u>10</u> %	_____	_____
D. Savings _____ % (10% minimum)	Money saved out of each paycheck.	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
E. Family Assistance	Assist family with financial obligations including child support	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
_____ % (10% minimum, if applicable)	_____	_____
F. Personal Expenses	Funds to purchase necessity items.	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
_____ %	_____	_____
Up to an approved maximum of \$100.00 per week (only after above requirements met)	_____	_____
G. Other	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
_____ %	_____	_____
	_____	_____

IV. TRANSITION RELEASE PLAN

A. RELEASE PLAN

1. Residence

A. Develop Residence

B. Plan to reside with:

Name _____

Address _____

Telephone _____

2. Employment

A. Develop Employment

B. Plan to be employed:

Name _____

Address _____

Telephone _____

B. NEEDS ASSESSMENT

	Recommended		Comments
1. Academic/Vocational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Mental Health Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Dental Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Substance Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Family Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
8. Finances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9. Transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
10. Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
11. Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
12. Domestic Violence: Victim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
13. Domestic Violence: Offender	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
14. Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
15. Vocational Rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
16. JTPA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
17. Pre-Release Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
18. Apprenticeship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
19. Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Additional Comments: _____

Inmate approved for unescorted activities, i.e. job interviews, medical, and dental.

Yes No

Nothing in this Personalized Program Plan for Work Release Centers creates or is intended to create a liberty or due process interest for inmates.

 Inmate Signature

 Date

 Correctional Probation Officer

 Date

 Approved by Correctional Officer Major/Facility Director

 Date