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**GRADUATED REENTRY CRITERIA**

Individual’s name:       DOC number:

County of transfer:       Admission date:       ERD:

***Complete this form with individual up to 30 months prior to Earned Release Date (ERD) to determine eligibility for Graduated Reentry (GRE).***

Yes No

 [ ]  [ ]  Individual is MAX or CLOSE custody.

 [ ]  [ ]  Individual will not have at least 3 months left on their sentence at the time of eligible transfer date.

 [ ]  [ ]  Individual is serving a prison sentence for Escape 1 from a correctional facility.

 [ ]  [ ]  Individual Is under the jurisdiction of the Long Term Juvenile Board (LTJUVBRD).

 [ ]  [ ]  Individual has a felony warrant (extraditable or not).

 [ ]  [ ]  Individual has a misdemeanor or felony detainer.

 [ ]  [ ]  Individual is subject to a deportation order (ICE Detainer).

 [ ]  [ ]  If sentenced to a DOSA, the individual has been terminated and been found guilty of a 762 infraction on the current incarceration.

 [ ]  [ ]  Individual is pending interstate transfer or intends to release out of state.

 [ ]  [ ]  Individual has been terminated from other partial confinement option (e.g., GRE/CPA/ Reentry Center) during the current incarceration/commitment.

 [ ]  [ ]  Individual is currently serving a prison sentence as a result of a Special Sex Offender Sentencing Alternative (SSOSA) revocation.

 [ ]  [ ]  Individual is currently serving a prison sentence as a result of an Indeterminate Sentencing Review Board (Board) revocation.

 [ ]  [ ]  Individual is a Level 3 Sex Offender.

 [ ]  [ ]  Individual is subject to civil commitment.

 [ ]  [ ]  Individual has been denied custody promotion by the Headquarters Community Screening Committee

***If yes is marked for any of the statements above, the individual is not eligible for GRE participation. If no, continue below for further eligibility criteria for each GRE Track.***

**Case manager will work with the individual to determine appropriate GRE track and follow the directions for the address verification and submission of the Transfer Order:**

**Track 1:**  **Reentry Center to GRE Electronic Home Monitoring (EHM)**

* **Criteria:**
	+ The individual has served, or will have served at the time of transfer, **6 months** total confinement in a state correctional facility.
	+ Individuals are eligible to transfer to a Reentry Center up to 12 months prior to their ERD and serve up to the final 5 months on EHM.
	+ Individuals will be screened per DOC 300.500 Reentry Center Screening.
* **Transfer Order:**
	+ For Track 1, Reentry Center to EHM, build a Transfer Order in the electronic file. The TO will include **Transfer Reason:** “Graduated Reentry”, **To Location:** “GRE”, and **Priority:** “1P-WR Pending Screening”
	+ Enter the earliest transfer date as 12 months prior to the individual’s ERD.
	+ Provide the county the individual is requesting to be screened for in the special concerns section of the Transfer Order.
	+ Once the Transfer Order is **finalized**, the case manager will initiate a Custody Facility Plan (CFP) to assign MIG custody to the individual prior to the transfer date.

**Track 1: Prison to GRE EHM (5 months)**

* **Criteria:**
	+ The individual has served, or will have served at the time of transfer, **6 months** total confinement in a state correctional facility.
	+ Individuals are eligible to transfer from Prison to an approved address on EHM for up to 5 months (and no less than 3 months) of their sentence.
		- Individuals under the Board could be eligible for Track 1 only.
* **Address Verification and Transfer Order:**
	+ For Track 1, Prison to EHM, conduct address verification utilizing DOC 11-012 Release/ Transfer Sponsor Orientation Checklist and make a chronological entry (chrono).
	+ If address meets requirements of GRE EHM, the case manager will build a Transfer Order in the electronic file. The TO will include **Transfer Reason:** “Graduated Reentry EHM”, **To Location:** “GRE”, and **Priority:** “1G Graduated Reentry EHM.”
	+ Enter the earliest transfer date as 5 months prior to the individual’s ERD.
	+ Provide the proposed address and county, and sponsor contact information, or request for transitional housing, if applicable, in the address field and special concerns section of the Transfer Order.

**Track 2:**  **Prison to GRE EHM (18 months)**

* **Criteria:**
	+ The individual must not be serving a sentence for a **sex/violent crime or crime against a person**.
	+ The individual cannot be under the jurisdiction of the Board.
	+ The individual cannot be required to register for a current or previous offense (kidnap and sex offenses).
	+ The individual has served, or will have served at the time of transfer, **4 months** total confinement in a state correctional facility.
	+ Individuals are eligible to transfer from Prison to an approved addressed on EHM for up to 18 months, and no less than 3 months, of their sentence.

* **Address Verification and Transfer Order:**
	+ For Track 2, Prison to EHM, conduct address verification utilizing DOC 11-012 Release/ Transfer Sponsor Orientation Checklist.
	+ If address meets requirements of GRE EHM, the case manager will build a Transfer Order in the electronic file. The TO will include **Transfer Reason:** “Graduated Reentry EHM”, **To Location:** “GRE”, and **Priority:** “1G Graduated Reentry EHM.”
	+ Enter the earliest transfer date as 18 months prior to the individual’s ERD.
	+ Provide the proposed address and county, and sponsor contact information, or request for transitional housing, if applicable, in the address field and special concerns section of the Transfer Order.
	+ Chrono address verification and submission of Transfer Order.
	+ Once the Transfer Order is **finalized**, the case manager will initiate a CFP to assign MIR custody to the individual prior to the transfer date.

**REVIEW FINDINGS**

[ ]  Individual does not meet statutory requirements or case manager review.

(If checked, place form in the file and scan to the imaging file)

[ ]  Transfer order created: [ ]  GRE Track 1  [ ]  GRE Track 2

[ ]  Discussed with individual who requested:

[ ]  GRE Track 1 [ ]  GRE Track 2

[ ]  Scan referral form to the imaging file

Comments:

Case manager Signature Date

Individual Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Case manager **COPY** - Imaging file, Individual