**EXTRAORDINARY MEDICAL PLACEMENT REFERRAL**

Name DOC number Date of referral

Current location/facility Social security number Date of birth

Case manager Phone number

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| **INCARCERATION INFORMATION** |

Department entry date Earned release date MAX release date

Custody level:  Close  Medium  Minimum (MI)3  MI2  MI1  MIG

Risk Level Classification:  High Violent (HV)  High Property (HP)  High Drug (HD)

High Violent Property Drug (HVPD)  Moderate (M)  Low (L)

Criminal history (past):

Criminal history (complete a current records check):

Infraction record for the past 2 years:

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| **MEDICAL INFORMATION** |

Medical condition:

Mobility:

Medical coverage/insurance provider:

Medical needs (e.g., assistance, equipment, supplies required):

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| **PLACEMENT INFORMATION** |

Family/sponsor support network, including any known past domestic violence issues and how they were resolved:

Housing/residence where individual will reside on Extraordinary Medical Placement (EMP):

Placement may be revoked if any of the following conditions of release are violated. The case manager may impose additional conditions, as appropriate.

* Approved housing/residence may not be changed without prior Headquarters Community Screening Committee approval
* Comply with Judgment and Sentence
* Report to case manager as directed
* No consumption of alcohol or illicit drugs
* Wear an electronic home monitoring device at all times
* No possession of deadly weapons
* Submit to random breathalyzers, urinalysis, and polygraphs
* Submit to random searches
* No adult visitation without written permission
* May not leave residence without written permission (e.g., outings, special events/occasions)

Submitted by Signature Facility Date

**State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.**

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