RESIDENTIAL PARENTING PROGRAM CASE PLAN

Attach DOC 20-332 Residential Parenting Program Participant Application for review

Name	DOC number	Living unit/bed	Due date
Work/Training Release eligibility date	Earned release date	Commitment type	Risk level

Community supervision required: ☐ Yes ☐ No

PROGRAM NEEDS

General educational development/high school equivalency degree……. ☐ Yes ☐ No

High school diploma….. ☐ Yes ☐ No

Basic skills required….. ☐ Yes ☐ No

Mental health concerns ☐ Yes ☐ No

Special needs concerns ☐ Yes ☐ No

Reentry support needs ☐ Yes ☐ No

Community employment: _____

Vocational programs: _____

Facility assignments: _____

Other: _____

PROGRAM EXPECTATIONS

Expectation	Frequency	End date

FACILITY RISK MANAGEMENT TEAM (FRMT) REVIEW

☐ Approved ☐ Denied Comments: _____

Case manager	Signature	Date

☐ Approved ☐ Denied Comments: _____

FRMT member	Signature	Date

☐ Approved ☐ Denied Comments: _____

Correctional Unit Supervisor (CUS)	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** - Central File **COPY** - CUS