**Community Residential Program - Institutional Referral**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referral to: |  | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | |
| Street Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | State/Zip: | | | | | | | | / | | | | | | |
| Phone #: | |  | | | | | | |  | | | | | | | Fax #: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral from: | |  | | | | | | | | | |  | | Staff Contact: | | | | | |  | | | | | | | |
| Phone #: | |  | | | | | | | Email Address: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Sex Assigned at Birth: Male  Female  Intersex | | | | | | | | | | | | | | | | | | | | | | | |
| Gender Identity: Male/Man  Female/Woman  TransMale/Man  TransFemale/TransWoman | | | | | | | | | | | | | | | | | | | | | | | |
| Gender Non-Binary/Gender Non-Conforming  Something Else | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Name: | |  | | | | | | | | | | | | | | | | | DOC #: | | | | | |  | | |
| Release Date: | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Current Offenses: | | |  | | | | | | | Prior Offenses: | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To what P&P District does this participant have post release supervision? | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Are there any mental health needs? Yes  No  If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any medical needs? Yes  No  If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Special Needs: | | | | 1) |  | | | | | | | 2) | | | |  | | | | | | | | | | | |
| (Medical, dietary, ADA): | | | | 3) |  | | | | | | | 4) | | | |  | | | | | | | | | | | |
| Is the participant able to climb stairs? Yes  No  If the participant has any medical needs, please attach a statement from mental health and wellness and health services staff including diagnosis, medications, and any special needs that would need to be considered | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How long has the participant been housed at current facility? | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| Is the participant currently employed? | | | | | | Yes | | No | | | | | | | | | | | | | | | | | | | |
| Briefly describe the participant’s institutional behavior including institutional charges, behavior in the housing unit, etc.: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What programs has the participant completed or currently attending? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any individuals with whom the participant should not have contact? Yes  No  If yes, please attach and submit a list of all persons with whom the participant should not have any contact. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | Yes  No | The participant has been notified that they will be responsible for all bills associated with medical care while at Insert Program Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant’s Signature: | | | |  | | | | | | | | | | | | | | | | | | Date | | | |  | |
| \*CC: [CRPReferrals@vadoc.virginia.gov](mailto:CRPReferrals@vadoc.virginia.gov); and the CRP site where the referrals are being sent.  \*File material enclosed:All file material should be submitted as a complete package, e.g., *Pre/Post Sentence Report, a copy of a physical/TB test within last six months prior to release, and PSI/Criminal History information, Classification Report*, *Probation/Parole Conditions* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Contact the CRP with any questions. CRP contact information and mailing addresses; see Attachment 2, *Statewide Community Corrections Residential Programs*. | | | | | | | | | | | | | | | | | | | | | | | | | | |