**Community Residential Program - P&P Referral**

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| --- | --- | --- |
|  | Date: |       |
| Referral to: |       |  |
| Street Address: |       | City: |       |
|  | State / Zip: |       /       |
| Phone: |       |  | Fax#: |       |
|  |
| Referral from P&P District**:** |       |  | P&P Officer: |       |
| Phone #: |       |  |
| P&P Officer Email Address: |       |  |
| P&P Officer Emergency Contact Number (after-hours): |       |  |
|  |
| Probationer **[ ]**  | Parolee **[ ]**  |  |
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| --- |
| 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 #: |       |

[ ]  Yes [ ]  No, Physical examination results enclosed (performed within last six months)

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| --- | --- | --- | --- |
| Current Offense:  |       | Prior Offenses:  |       |

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| The above-named participant will be available for program entry on: |       |  |
| [ ]  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 Special Needs: | 1) |       | 2) |       |  |
| (Medical/dietary/ADA): | 3) |       | 4) |       |  |
| Is the participant able to climb stairs? Yes **[ ]**  No **[ ]**  Substance use treatment (support groups only, e.g., NA/A**[ ]** Adult Basic Education [ ]  Employment [ ]  Home Plan Development [ ]  |  |  |  |
|  |  |  |  |  |  |
| Other: |       |
| 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. |
| Attach and submit a list name of programs to be completed prior to entering  |  |
|  |
| Additional Comments:       |
| \***CC:** CRPReferrals@vadoc.virginia.gov; and CRP site where the referrals are being sent. \* Upon completion of or termination from this program, supervisee may be required to obtain a home plan in their sentencing/referring P&P District. |
| \***File material enclosed:** All file material will 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*  |