



Community Residential Program - P&P Referral

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

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)

Current Offense: _____ Prior Offenses: _____

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*

