

EMP Packet Checklist

Offender Name and DOC#: _____ Date: _____

Facility: _____ Case Manager: _____

EMP Eligible Date: _____

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Facility Assignment Form |
| <input type="checkbox"/> | Custody Assessment Form |
| <input type="checkbox"/> | RAP Sheet (To include FBI and OSBI) and NCIC/JOLTS Teletype |
| <input type="checkbox"/> | Work/Activity/Housing Summary (Current) |
| <input type="checkbox"/> | Offender Profile Screening Form |
| <input type="checkbox"/> | Consolidated Record Card/Current (Front and back) Prior (Front only) |
| <input type="checkbox"/> | Notice for Offenders Assigned to the EMP |
| <input type="checkbox"/> | Rules and Conditions of the EMP Program |
| <input type="checkbox"/> | Offender Orientation |
| <input type="checkbox"/> | EMP Home/ Residence Verification |
| <input type="checkbox"/> | OSCN and ODCR Checks Completed |
| <input type="checkbox"/> | Documentation of Completion and Readiness |

Case Manager IV: _____ Date: _____

Division Date Received: _____