

## ANCILLARY and SUPPORT GROUPS FORM

The following information will be completed on all facility other programs, activities and support groups as defined in OP-090101:

Other programs and support groups are classes/groups chosen by the inmate based on availability and his/her interest or preference. *All other groups/classes will have their attendance reported electronically as outlined in Attachment A.*

Please complete a separate form for each other program/activity, offered by your facility. *Example: AA/NA, structured bible studies, Zig Ziggler, etc.*

**EMAIL this form to:** Administrator of Program Services

Facility Name: \_\_\_\_\_

Ancillary Program Name and Support Groups:

Security level in which program is available: *(Check all that apply):*  Community  Minimum  Medium  Maximum

Check **one** of the following:  support group  treatment  life skills  parenting  
 managing emotions  motivational  family relations  educational  character building  
 other

Description/Purpose of other program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Workbook, text, theory utilized in program: \_\_\_\_\_

Participant eligibility criteria: \_\_\_\_\_

\_\_\_\_\_

Lead by: *(Check all that apply.)*  security staff  case management  correctional counselor  
 unit manager  psychologist  psychology clinician  medical staff *(Doctor, Nurse, PA)*  
 chaplain  law librarian  volunteer  education *(Principal, Teacher, Librarian)*  
 inmate  contract treatment provider

Minimum qualifications needed to lead activity, if applicable: *(training, certification, education and/or experience, etc.)* \_\_\_\_\_

\_\_\_\_\_

Capacity per group: \_\_\_\_\_ Number of groups at one time: \_\_\_\_\_

Length of activity: *(days, weeks, months)* \_\_\_\_\_ Times per week: \_\_\_\_\_ Total hours per week: \_\_\_\_\_