Housing Assessment and Step-Down Program Evaluation

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Part I		
Last Name:	First Name:	ODOC#:
Date Received: / /	Race: IHAP Score	: Housing Type:
Current Crime:	Days Remaining:	
Consecutive Sentences: ☐ Yes	☐ No If yes, crime:	
CS Sentence Length:	Date of Custo	ody Assessment://
Number of Points:	Custody Leve	el:
Reason for Maximum:		
Gang Affiliation:	Non-assoc	ciations:
Special Housing Considerations: _		
Cell Assignment:		
Part II		
Number of times placed at m (2 and under = 1pt. 3 and ov		
Number of times placed at m (2 and over = 2 pts.)	aximum security this incarcerati	ion? +
Number of major rule violation (any number = 4 pts.)	ons X1 – X11?	+
Number of major violations X (2 and under = 2pts. 3 and		+
Number of minor violations A (2 and under = 2 pt. 3 and c		+
Month and Year eligible for m (If \leq 1 year = 1pt. If \geq 1 yea		Year +

Total Score

Date: /_	/ Last I	F	First Name:		ODOC#:	
Housing Ass	sessment and S	tep-Down Pro	ogram Evaluat	ion Total Scor	e (from previ	ous page):
	Texas Christia	n University	(TCU) Overall	Motivational S	Scale Assessi	ment Score:
Initial Pl	hase Placemer	t Recomme	ndation (see th	e Step-Down P	rogram Phase	Matrix, Attachment B):
	☐ Phase I	□ P	hase II	☐ Inapprop	riate at this	time
Reason if in	appropriate:					
DW	cos	PA	PDS	UM	QHCP	QMHP
((Recommendations	s require initials	of approval from	at least five men	nbers of the revi	iew team.)
Date:/						
Dhaoa	A dyan a amant	Dagamman	dotion. 🗆 Ad	vanas Phasa		amain Dhaca
						emain Phase
Reason if in	mate will remair	n in Phase	_:			
	cos	 РА	 PDS	UM	QHCP	QMHP
((Recommendations	s require initials	of approval from	at least five men	nbers of the rev	iew team.)
Date:/				.=.=.=.=.		
		_				
						emain Phase
Reason if in	mate will remair	n in Phase	_:			
DW	cos	PA	PDS	UM	QHCP	QMHP
((Recommendations	s require initials	of approval from	at least five men	nbers of the revi	iew team.)
D-4-						.=.=.=.
	(Recommendations					

			uation. \square Au	vance Phas	e □ R	emain Phase
Reason if inn	nate will remai	n in Phase	_:			
DW	cos			UM	OHCB	QMHP
			of approval from		QHCP mbers of the revi	
ate:/_						
hase	Advancemen	t Recommen	dation: □ Ad	vance Phas	e □ R	emain Phase
leason if inn	nate will remai	n in Phase	:			
DW	cos	PA	PDS	UM	QHCP	QMHP
(F	Recommendation	s require initials	of approval from	at least five me	mbers of the rev	iew team.)
ate:/_	/					
hase	/ Advancemen	t Recommen	dation: □ Ad	vance Phas	e □ R	emain Phase
oate: /_	/ Advancemen	t Recommen		vance Phas	e □ R	emain Phase
hase	/ Advancemen	t Recommen	dation: □ Ad	vance Phas	e □ R	emain Phase

	Advancemer				e □ Re		e
DW (F	COS Pecommendation	PA ns require initials	PDS of approval from	UM at least five me	QHCP embers of the revie	QMHP ew team.)	_
)ate: /_							
	_			_	□ Ren		IV
DW (Recomm	COS	PA	PDS	UM five members	QHCP of the review team	QMHP	_
·	nments/Recom			me membere)	
				C P P U Q	eputy Warden hief of Security rogram Administrato rogram Delivery Sta nit Manager ualified Health Care	ff Professional	(DW) (COS) (PA) (PDS) (UM) (QHCI