

Case Plan

Attachment B
OP-060102 (M) (F)

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Inmate Name: _____ **ODOC#** _____ **DOB** _____

Initial Plan

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS
Community Security Eligible:	Yes No			
Other Areas to be Addressed:				

Inmate Signature _____
 Case Manager Signature _____
 Administrative Officer Signature _____

Revised Plan

Facility _____ **Date** _____ **Approval** _____ **Date** _____

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS

Inmate Signature _____
 Case Manager Signature _____
 Facility Head or Designee _____