Case Plan

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 _____

Warden or Designee's Signature_____