

FACILITY ASSIGNMENT FORM (FAF)

Recommending Facility: _____ Date: ____/____/____

Inmate's Name: _____ Race: _____ Sex: _____
Last First

ODOC Number: _____ Request Number: _____

I. TYPE OF TRANSFER: (mark appropriate items)

_____ Security (SHU/Misconducts)	_____ Segregated Housing Unit	<u>Security Level after Classification</u>
_____ Programmatic	_____ Wheelchair	_____ Maximum
_____ Administrative	_____ Court Hearing	_____ Medium
_____ Non-Association	_____ Medical Problems	_____ Minimum
_____ Routine	_____ Mental Health	_____ Community Placement
	_____ Temporary Placement	

II. DESCRIPTION OF REASON FOR TRANSFER:

III. FACILITY CLASSIFICATION COMMITTEE ACTION:

Concur Yes _____ If No, Reason: _____
No _____

Chairperson: _____ Case Manager/ Committee Member : _____

Inmate's Signature: _____ Contract Monitor/Other: _____ Concur Yes – No

Routine: _____ Date: ____ / ____ / ____

Case Manager IV/Chief of
Classification/Classification
Coordinator

Facility Head Review: _____ Date: ____ / ____ / ____

Final Facility Recommendation:

_____ Maximum _____ Medium _____ Minimum _____ Community Placement _____ GPS

IV. Chief Administrator of Institutions/Administrator of Institutions, Administrator of Classification and Population/Population Coordinator:

Concur Yes No Signature: _____ Office: _____ Date: _____
Concur Yes No Signature: _____ Office: _____ Date: _____

V. POPULATION OFFICER ACTION :

Concur _____ Do Not Concur _____ Date of Assignment: ____ / ____ / ____

The inmate is assigned to: _____ Waiting List: Yes _____ No _____

Date of Transfer: ____ / ____ / ____

Population Officer _____ Date _____

Reason: _____