ANCILLARY and SUPPORT GROUPS FORM

The following information should 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. Return to Program Services, attention Kristy Warren, via email to kristy.warren@doc.ok.gov

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: _________

(R 09/21)