

PPWP Screening Form

Inmate Name ODOC #

Facility Arrival Date: Eligible Date:

County of Conviction

Number of Days Remaining to serve (include CS cases)

No violent offense/sex offense/crime against a child

History of Domestic Violence Yes No
If yes, explain: _____

Felony conviction for stalking or active protective order in
county were the crew is housed or will be working

History of Escape Yes No
If yes, escape from: _____
Date of escape: _____
Date of apprehension: _____

Deemed a threat to public safety

Override to medium or maximum security

Any other extenuating circumstances

Active Misconducts

Health Summary for Classification

CREW ASSIGNMENT TYPE
 ODOT Crew Only
 ODOC Supervised Only
 Unrestricted PPW Crew

COMMENTS

Screener Date

Unit Manager/Center Administrator Date

Facility Head/Warden Date