

Housing Assessment and Step-Down Program Evaluation

Part I

Last Name: _____ First Name: _____ ODOC#: _____

Date Received: ____ / ____ / ____ Race: _____ IHAP Score: _____ Housing Type: _____

Current Crime: _____ Days Remaining: _____

Consecutive Sentences: Yes No If yes, crime: _____

CS Sentence Length: _____ Date of Custody Assessment: ____ / ____ / ____

Number of Points: _____ Custody Level: _____

Reason for Maximum: _____

Gang Affiliation: _____ Non-associations: _____

Special Housing Considerations: _____

Cell Assignment: _____

Part II

Number of times placed at maximum security ever? _____
(2 and under = 1pt. 3 and over=4 pts.)

Number of times placed at maximum security this incarceration? + _____
(2 and over = 2 pts.)

Number of major rule violations X1 – X11? + _____
(any number = 4 pts.)

Number of major violations X12 – X24? + _____
(2 and under = 2pts. 3 and over = 4 pts.)

Number of minor violations A1- A6? + _____
(2 and under = 2 pt. 3 and over = 4 pts.)

Month and Year eligible for medium security. _____ Month _____ Year _____ + _____
(If ≤ 1 year = 1pt. If ≥ 1 year = 2 pts.)

Total Score _____

Date: ___/___/___ Last Name: _____ First Name: _____ ODOC#: _____

Housing Assessment and Step-Down Program Evaluation Total Score (from previous page): _____

Texas Christian University (TCU) Overall Motivational Scale Assessment Score: _____

Initial Phase Placement Recommendation (see the Step-Down Program Phase Matrix, Attachment B):

Phase I **Phase II** **Inappropriate at this time**

Reason if inappropriate: _____

DW **COS** **PA** **PDS** **UM** **QHCP** **QMHP**

(Recommendations require initials of approval from at least five members of the review team.)

Date: ___/___/___

Phase ___ Advancement Recommendation: **Advance Phase ___** **Remain Phase ___**

Reason if inmate will remain in Phase ___: _____

DW **COS** **PA** **PDS** **UM** **QHCP** **QMHP**

(Recommendations require initials of approval from at least five members of the review team.)

Date: ___/___/___

Phase ___ Advancement Recommendation: **Advance Phase ___** **Remain Phase ___**

Reason if inmate will remain in Phase ___: _____

DW **COS** **PA** **PDS** **UM** **QHCP** **QMHP**

(Recommendations require initials of approval from at least five members of the review team.)

Date: ___/___/___

Phase ____ Advancement Recommendation: Advance Phase ____ Remain Phase ____

Reason if inmate will remain in Phase ____: _____

DW

COS

PA

PDS

UM

QHCP

QMHP

(Recommendations require initials of approval from at least five members of the review team.)

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: Advance Phase ____ Remain Phase ____

Reason if inmate will remain in Phase ____: _____

DW

COS

PA

PDS

UM

QHCP

QMHP

(Recommendations require initials of approval from at least five members of the review team.)

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: Advance Phase ____ Remain Phase ____

Reason if inmate will remain in Phase ____: _____

DW

COS

PA

PDS

UM

QHCP

QMHP

(Recommendations require initials of approval from at least five members of the review team.)

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: Advance Phase ____ Remain Phase ____

Reason if inmate will remain in Phase ____: _____

DW

COS

PA

PDS

UM

QHCP

QMHP

(Recommendations require initials of approval from at least five members of the review team.)

Date: ____ / ____ / ____

Phase Program Completion Recommendation: Completed Remain Phase IV

Reason if inmate will remain in Phase IV: _____

DW

COS

PA

PDS

UM

QHCP

QMHP

(Recommendations require initials of approval from at least five members of the review team.)

Additional Comments/Recommendations:

Deputy Warden	(DW)
Chief of Security	(COS)
Program Administrator	(PA)
Program Delivery Staff	(PDS)
Unit Manager	(UM)
Qualified Health Care Professional	(QHCP)
Qualified Mental Health Professional	(QMHP)