

Offender Information	Offender Last Name
	Offender First Name
	DOC ID #
Program/Placement Information	Facility/Program Name
	Placement Type <i>(multiple selections may be made)</i>
	Intake Date
	Release Date
	Length of Stay
	Release Reason
	Next Placement
Release Location/Housing Information	Did the Offender release to the same community as the facility?
	What type of housing situation did the Offender release to?
	How long does the Offender intend to reside at this residence?
Employment/Financial Information	Was the Offender employed at the time of release?
	If employed, what is the Offender's job title?
	If employed, is the Offender employed full-time or part-time?
	If employed, does the Offender have more than 1 job?
	If employed, what was the Offender's hourly wage at time of release <i>(primary employment only)</i> ?
	If employed, does the Offender intend to keep their current job after release?
	If not employed, does the Offender have other means of financial support?
	If not employed and has other means of financial support, what is the primary source of funding?
	How much was in the Offender's account at the time of release?
	Did the Offender pay for rent or other residential costs prior to their release?
Offender Restitution Information	Did the Offender owe restitution at the time of entry to the Program?
	If the Offender owed restitution, how much was paid during the placement?
	Did the Offender owe restitution at the time of release from the Program?
Offender Educational/Vocational Information	What was the Offender's highest level of education at intake?
	What educational or vocational goals were achieved during the program? <i>(multiple selections may be made)</i>
Offender Drug Use Information	Did the Offender have any positive drug tests during the placement?
	If yes, how many positive drug tests?
	If yes, during what timeframe were the positive drug tests? <i>(multiple selections may be made)</i>
Clinical Programming	Did the Offender participate in clinical services (SUD, MH, SO) during their stay? <i>(multiple selections may be made)</i>
	If yes, were the services delivered in-facility or in the community? <i>(multiple selections may be made)</i>
Non-Clinical Programming	Did the Offender participate in non-clinical programming during their stay?
	If yes, what were the programming types? <i>(multiple selections may be made)</i>
	If yes, were the services delivered in-facility or in the community? <i>(multiple selections may be made)</i>
	If the Offender participated in programming, what was the status of completion of the programming? <i>(multiple selections may be made)</i>
Notes	Other notes