**Facility:** Click or tap here to enter text.

**Program Proposed:** Click or tap here to enter text.

**Explain how this program aligns with other programming and the overall philosophy and purpose of facility.** Click or tap here to enter text.

**Program Implementation Details:**

* Program delivery and dosage:
	+ Specific Referral criteria (screening, clinical assessment, R/N scores): Click or tap here to enter text.
	+ Number of group sessions, length of sessions, program length and dosage: Click or tap here to enter text.
* Was the research previously submitted for the same population? [ ] Yes [ ]  No
* Are you requesting this to be a core risk reducing program: [ ] Yes [ ]  No
* Facilitator education necessary: Click or tap here to enter text.
* Does the author of the curricula provide training: [ ] Yes [ ]  No
* What training will be acquired prior to implementation: Click or tap here to enter text.
* Cost associated for startup? Click or tap here to enter text.
* Cost associated per offender use? Click or tap here to enter text.

**Initial Approval Process:**

**Facility Representative approval:**

**Approved after considering staffing requirements and associated costs:**

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Facility Representative Date

**Montana Department of Corrections acknowledgment:**

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Administrator Date

\*Form advances to Evidence Based Program Committee and Director or Deputy Director for final approval.