**Montana Department of Corrections**

**Request to use a Previously Approved Program**

**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:**

**Program Administrator/Program Director/Program Manager approval:**

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

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Administrator/Director/Manager Date

*Part B: For official use only.*

**Review Team Conclusion:** *Name of program/curriculum submitted to the review team and who submitted it for approval/review. Description of the process taken for approval or against. Answer/explain any questions that the committee may have had regarding the program and the steps taken to address those questions. Any suggestions the review team may for the program/curriculum submitted. Final decision, for or against approval (approved/denied).*

**Quality Assurance of Evidence-Based Practices and Programs (QAEBPP) Bureau Chief Decision:**

Approved: Click or tap here to enter text.

Pending: Provide explanation and additional information needed for decision

Click or tap here to enter text.

Denied: Explanation

Click or tap here to enter text.

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QAEBPP Bureau Chief Date