

MASSACHUSETTS DEPARTMENT OF CORRECTION

John O. Boone  
Commissioner

COMMUNITY REHABILITATION SYSTEM REPORTING FORMS

(Massachusetts Halfway House, Inc.)

Division of Planning and Research

Publication of this Document Approved by Alfred C. Holland, State Purchasing Agent

Publication #6669-5-300-3-73-CR

Resident Data Sheet

Name \_\_\_\_\_ Commitment NO. \_\_\_\_\_  
 Residential Facility \_\_\_\_\_ FBI No. \_\_\_\_\_  
 Date Entered Program \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Referring Facility \_\_\_\_\_

Employment Data

Number of Job Placements \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_  
 Types of Jobs \_\_\_\_\_ Number of Days Worked \_\_\_\_\_  
 1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_

Principle Product or Service of Employer  
 1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_

Importance of Institutional Training or Education (No, Somewhat, Yes)  
 1st \_\_\_\_\_ (specify kind of training)  
 2nd \_\_\_\_\_ ( " " " " )  
 3rd \_\_\_\_\_ ( " " " " )

Reason for Termination (Check Reason)

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Resident Laid Off	_____	_____	_____
Resident Hired	_____	_____	_____
Resident Quit	_____	_____	_____
Returned to Institution (own request)	_____	_____	_____
Returned to Institution Facility	_____	_____	_____
Returned to Institution (parole violation)	_____	_____	_____
Transferred to Another Facility	_____	_____	_____
Other (specify) (parole violation)	_____	_____	_____
Medical Disability	_____	_____	_____
Other (specify _____)	_____	_____	_____

Earnings Data

Total Gross Earnings \_\_\_\_\_  
Other Funds Upon Admission \_\_\_\_\_  
Total Federal Taxes Withheld \_\_\_\_\_  
Total State Taxes Withheld \_\_\_\_\_  
Total FICA or Retirement Withheld \_\_\_\_\_  
Total Spend on Room and Board \_\_\_\_\_  
Total Spent in Community \_\_\_\_\_  
Total Funds on Release \_\_\_\_\_  
Is resident providing support payments? yes \_\_\_\_\_ no \_\_\_\_\_

Referral Data

Education

Type of Program (GED, HS, College, etc.) \_\_\_\_\_  
Program Conducted by \_\_\_\_\_  
Resident Costs Paid by \_\_\_\_\_  
No. of Hours per Week in the Program \_\_\_\_\_  
No. of Weeks Completed \_\_\_\_\_  
Program Completed Yes \_\_\_\_\_ No \_\_\_\_\_  
Plan to Complete Yes \_\_\_\_\_ No \_\_\_\_\_

Vocational Training

Type of Program Skilled \_\_\_\_\_ Semi-Skilled \_\_\_\_\_  
Manual \_\_\_\_\_ Office \_\_\_\_\_  
Program Conducted by \_\_\_\_\_  
Resident Costs Paid by \_\_\_\_\_  
No. of Hours per Week in the Program \_\_\_\_\_  
No. of Weeks Completed \_\_\_\_\_  
Program Completed Yes \_\_\_\_\_ No \_\_\_\_\_  
Plan to Complete Yes \_\_\_\_\_ No \_\_\_\_\_

Service Agency Record

No. of Referrals for Employment \_\_\_\_\_

Education \_\_\_\_\_

Training \_\_\_\_\_

Medical \_\_\_\_\_

Rehabilitation \_\_\_\_\_

Welfare \_\_\_\_\_

Other (specify service area) \_\_\_\_\_

No. of Referrals which resulted in services to the resident:

Employment \_\_\_\_\_

Education \_\_\_\_\_

Training \_\_\_\_\_

Medical \_\_\_\_\_

Rehabilitation \_\_\_\_\_

Welfare \_\_\_\_\_

Other (specify service area) \_\_\_\_\_

Termination Data

Date of Termination \_\_\_\_\_

Total No. of Days in Program \_\_\_\_\_

Planned No. of Days in Out-Residency \_\_\_\_\_

Specific community in which resident plans to reside (for example, South End, Roxbury, not "Boston"): \_\_\_\_\_

Reason for Termination of Residence:

successfully completed program - continued on parole \_\_\_\_\_

successfully completed program - discharged \_\_\_\_\_

transferred to another facility \_\_\_\_\_

Type of facility \_\_\_\_\_

returned to prison (MCI \_\_\_\_\_)

Reason: Medical problems

Revocation

Resident's request

Violation of house rules

Inability to adjust

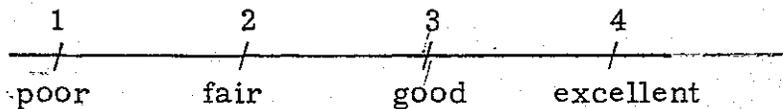
Other (specify \_\_\_\_\_)

arrested for new crime (specify \_\_\_\_\_)

at large \_\_\_\_\_

other (specify \_\_\_\_\_)

Rate this resident's living unit adjustment, as revealed in his overall conduct and attitude since he has been in the halfway house.



Narrative Wrap-Up Report (include follow up plan)