



EXTRAORDINARY MEDICAL PLACEMENT REFERRAL

_____ Name	_____ DOC number	_____ Date of referral
_____ Current location/facility	_____ Social security number	_____ Date of birth
_____ Case manager	_____ Phone number	

INCARCERATION INFORMATION

_____ Department entry date	_____ Earned release date	_____ MAX release date
Custody level: <input type="checkbox"/> Close <input type="checkbox"/> Medium <input type="checkbox"/> Minimum (MI)3 <input type="checkbox"/> MI2 <input type="checkbox"/> MI1 <input type="checkbox"/> MIG		
Risk Level Classification: <input type="checkbox"/> High Violent (HV) <input type="checkbox"/> High Property (HP) <input type="checkbox"/> High Drug (HD)		
<input type="checkbox"/> High Violent Property Drug (HVPD) <input type="checkbox"/> Moderate (M) <input type="checkbox"/> Low (L)		
Criminal history (past): _____		
Criminal history (complete a current records check): _____		
Infraction record for the past 2 years: _____		

MEDICAL INFORMATION

Medical condition: _____

Mobility: _____

Medical coverage/insurance provider: _____

Medical needs (e.g., assistance, equipment, supplies required): _____

PLACEMENT INFORMATION

Family/sponsor support network, including any known past domestic violence issues and how they were resolved: _____

Housing/residence where individual will reside on Extraordinary Medical Placement (EMP): _____

Placement may be revoked if any of the following conditions of release are violated. The case manager may impose additional conditions, as appropriate.

- Approved housing/residence may not be changed without prior Headquarters Community Screening Committee approval
- Comply with Judgment and Sentence
- Report to case manager as directed
- No consumption of alcohol or illicit drugs
- Wear an electronic home monitoring device at all times
- No possession of deadly weapons
- Submit to random breathalyzers, urinalysis, and polygraphs
- Submit to random searches
- No adult visitation without written permission
- May not leave residence without written permission (e.g., outings, special events/occasions)

_____ Submitted by	_____ Signature	_____ Facility	_____ Date
-----------------------	--------------------	-------------------	---------------

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Distribution: **ORIGINAL** - EMP Coordinator