



COMMUNITY PARENTING ALTERNATIVE TRANSFER PLAN

Name _____ DOC number _____ Current facility _____

Age:
Education level:
Marital status:
Risk Level:

Incarceration date:
Earned Release Date:
Supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No

County of origin:
County of release:
County of origin exception: <input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Is this the first review for CPA? Yes No DOSA reclassification? Yes No
 Substance dependency/alcohol issues? Yes No Domestic violence issues? Yes No
 Mental health or medical concerns: Yes No Military history? Yes No
 Completed treatment? Yes No Gang affiliations? Yes No
 Incarceration history: _____
 Programming completed: _____

INFRACTION RECORD

Current offense: _____
 Narrative: _____

 Number of felony offenses: _____ misdemeanor offenses: _____ Violent or domestic violence offenses: Yes No
 Active warrant or No Contact Orders? Yes No If yes, explain: _____

 Prior juvenile offense history: _____
 Number of major infractions: _____ Behavior: _____
 Number of minor infractions: _____ Behavior: _____

CHILD INFORMATION

Name	Age	Sex	Name	Age	Sex
Who has legal guardianship? _____ Relationship: _____					
Will child live with them? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time			CPS involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do child and parent have regular contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Phone visits <input type="checkbox"/> Special events <input type="checkbox"/> Extended family visits					
If no, explain why: _____					
Concern with child (e.g., mental health, behavioral, medical)? _____					
Additional children: _____					
Name/age/sex			Name/age/sex		

SPONSOR INFORMATION

Name	Relationship	Telephone number
Address: _____		
Other household member name: _____	Age: _____	
Other household member name: _____	Age: _____	
Case manager home visit report: _____		

INTERVIEW ASSESSMENT

Case manager _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file