~~~~**ACCOMMODATED TRIP PROPOSAL**

Name DOC number Date

**Where do you want to go?**  Grocery store  Bank  Medical appointment  Department of Licensing

Other:

|  |
| --- |
| **RESIDENTAL COMMUNITY TRANSITION TEAM (RCTT) MEMBER/RESIDENT ASSISTANT COMPLETES** |

Address:       Phone number:

What time leaving?  Morning  Lunchtime  Evening  Night

What does individual want to do?

Who will be with them? (Chaperone, others present):

How long expected to be there? Return when?

How does this activity help with transitioning?

Potential advantages of this activity:

Potential risks involved with this activity:

What will be done to avoid danger zones and risks to stay safe?

|  |
| --- |
| **APPROVALS**  RCTT member approval required to complete site survey |

Special Commitment Center representative Signature Date

Case manager Signature Date

Sex offender treatment provider Signature Date

Site survey completed by Signature Date

Approved  Denied

Comments:

**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** - Individual on Community Supervision **COPY** - Case manager file, Imaging file