



# 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.

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