



RESIDENTIAL PARENTING PROGRAM CASE PLAN

Attach DOC 20-332 Residential Parenting Program Participant Application for review

Name _____ DOC number _____ Living unit/bed _____ Due date _____

Reentry Center eligibility date _____ Earned release date _____ Select one _____ Select one _____
Commitment type _____ Risk level _____

Community supervision required: Yes No

PROGRAM NEEDS

General educational development/high school equivalency degree Yes No

High school diploma..... Yes No Basic skills required..... Yes No

Mental health concerns..... Yes No Special needs concerns Yes No

Reentry support needs..... Yes No

Community employment: _____

Vocational programs: _____

Facility assignments: _____

Other: _____

PROGRAM EXPECTATIONS

Expectation	Frequency	End date
	On-going	
	On-going	
	On-going	

FACILITY RISK MANAGEMENT TEAM (FRMT) REVIEW

Approved Denied Comments: _____

Case manager _____ Signature _____ Date _____

Approved Denied Comments: _____

FRMT member _____ Signature _____ Date _____

Approved Denied Comments: _____

Correctional Unit Supervisor (CUS) _____ Signature _____ Date _____

Approved Denied Comments: _____

Correctional Program Manager _____ Signature _____ Date _____

Approved Denied Comments: _____

Superintendent _____ 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.

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