

## Housing Assessment and Step-Down Program Evaluation

### Part I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_ IHAP Score: \_\_\_\_\_ Housing Type: \_\_\_\_\_

Current Crime: \_\_\_\_\_ Days Remaining: \_\_\_\_\_

Consecutive Sentences:  Y  N If yes, crime: \_\_\_\_\_

CS Sentence Length: \_\_\_\_\_ Date of Custody Assessment: \_\_\_\_\_

Number of Points: \_\_\_\_\_ Custody Level: \_\_\_\_\_

Reason for Maximum: \_\_\_\_\_

\_\_\_\_\_

Gang Affiliation: \_\_\_\_\_ Separatees: \_\_\_\_\_

Special Housing Considerations: \_\_\_\_\_

Cell Assignment: \_\_\_\_\_

### Part II

**Number of times placed at maximum security ever?** \_\_\_\_\_

(2 and under =1pt. 3 and over=4 pts.) \_\_\_\_\_

**Number of times placed at maximum security this incarceration?** \_\_\_\_\_

(2 and over =2 pts.) \_\_\_\_\_

**Number of major rule violations X1 – X11?** \_\_\_\_\_

(any number = 4 pts.) \_\_\_\_\_

**Number of major violations X12 – X24?** \_\_\_\_\_

(2 and under = 2pts. 3 and over = 4 pts.) \_\_\_\_\_

**Number of minor violations A1- A6?** \_\_\_\_\_

(2 and under = 2 pt. 3 and over = 4 pts.) \_\_\_\_\_

**Month and Year eligible for medium security.** \_\_\_\_Month \_\_\_\_Year\_\_\_\_

(If ≤ 1 year = 1pt. If over 1 year = 2 pts.) \_\_\_\_\_

**Total Score** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Date: \_\_\_\_\_ **Initial Phase Placement Recommendation (see Attachment B):**

PHASE I    PHASE II    INNAPPRATE AT THIS TIME

Reason if inappropriate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**DW                  CHIEF                  PD                  DPDS                  CM                  QMCP                  QMHP**

*(Recommendations require initials of approval from at least five members of the review team.)*

Date: \_\_\_\_\_ **Phase II Advancement Recommendation:**

ADVANCE PHASE II    REMAIN PHASE I

Reason if inmate will remain in Phase I: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**DW                  CHIEF                  PD                  DPDS                  CM                  QMCP                  QMHP**

*(Recommendations require initials of approval from at least five members of the review team.)*

Date: \_\_\_\_\_ **Phase III Advancement Recommendation:**

ADVANCE PHASE III    REMAIN PHASE II

Reason if inmate will remain in Phase II: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**DW                  CHIEF                  PD                  DPDS                  CM                  QMCP                  QMHP**

*(Recommendations require initials of approval from at least five members of the review team.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOC # \_\_\_\_\_

Date: \_\_\_\_\_

**Phase IV Advancement Recommendation:**

ADVANCE PHASE IV    REMAIN PHASE III

Reason if inmate will remain in Phase III: \_\_\_\_\_

\_\_\_\_\_

DW	CHIEF	PD	DPDS	CM	QMCP	QMHP
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*(Recommendations require initials of approval from at least five members of the review team.)*

Date: \_\_\_\_\_

**Phase Program Completion Recommendation:**

PHASE PROGRAM COMPLETED    REMAIN PHASE IV

Reason if inmate will remain in Phase IV: \_\_\_\_\_

\_\_\_\_\_

DW	CHIEF	PD	DPDS	CM	QMCP	QMHP
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*(Recommendations require initials of approval from at least five members of the review team.)*

Additional Comments/Recommendations:

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\_\_\_\_\_

Deputy Warden	(DW)
Chief of Security	(Chief)
Program Manager	(PD)
Direct Program Delivery Staff	(DPDS)
Assigned Case Manager	(CM)
Qualified Medical Corrections Professional	(QMCP)
Qualified Mental Health Professional	(QMHP)