

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: _____ Non-associations: _____

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 ≥ 1 year = 2 pts.)

Total Score _____

Date: ___ / ___ / ___ Last Name: _____ First Name: _____ DOC#: _____

Housing Assessment and Step-Down Program Evaluation Total Score (from previous page): _____

Texas Christian University (TCU) Overall Motivational Scale Assessment Score: _____

Initial Phase Placement Recommendation (see the Step-Down Program Phase Matrix, Attachment B):

PHASE I PHASE II INAPPROPRIATE AT THIS TIME

Reason if inappropriate: _____

DW CHIEF PD DPDS UM QMCP QMHP

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

Date: ___ / ___ / ___

Phase ___ Advancement Recommendation: ADVANCE PHASE ___ REMAIN PHASE ___

Reason if inmate will remain in Phase ___: _____

DW CHIEF PD DPDS UM QMCP QMHP

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

Date: ___ / ___ / ___

Phase ___ Advancement Recommendation: ADVANCE PHASE ___ REMAIN PHASE ___

Reason if inmate will remain in Phase ___: _____

DW CHIEF PD DPDS UM QMCP QMHP

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

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: ADVANCE PHASE ____ REMAIN PHASE ____

Reason if inmate will remain in Phase ____: _____

DW

CHIEF

PD

DPDS

UM

QMCP

QMHP

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

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: ADVANCE PHASE ____ REMAIN PHASE ____

Reason if inmate will remain in Phase ____: _____

DW

CHIEF

PD

DPDS

UM

QMCP

QMHP

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

Date: ____ / ____ / ____

Phase ____ Advancement Recommendation: ADVANCE PHASE ____ REMAIN PHASE ____

Reason if inmate will remain in Phase ____: _____

DW

CHIEF

PD

DPDS

UM

QMCP

QMHP

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

Date: ____ / ____ / ____

Phase Program Completion Recommendation: COMPLETED REMAIN PHASE IV

Reason if inmate will remain in Phase IV: _____

DW

CHIEF

PD

DPDS

UM

QMCP

QMHP

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

Date: ____ / ____ / ____

Phase Program Completion Recommendation: COMPLETED REMAIN PHASE IV

Reason if inmate will remain in Phase IV: _____

DW

CHIEF

PD

DPDS

UM

QMCP

QMHP

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

Additional Comments/Recommendations:

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