

Case Plan

Attachment B
OP-060102 (M) (F)

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Inmate Name: _____ ODOC# _____ DOB _____

Initial Plan

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS
Community Security Eligible:	Yes No			
Other Areas to be Addressed:				

Inmate Signature _____

Case Manager Signature _____

Administrative Officer Signature _____

Revised Plan

Facility _____ Date _____ Approval _____ Date _____

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS

Inmate Signature _____

Case Manager Signature _____

Warden or Designee's Signature _____

(R 09/24)