

PPWP Screening

<hr/> Inmate Name	<hr/> ODOC #
Facility Arrival Date: <hr/>	Eligible Date: <hr/>
<hr/>	
<hr/> County of Conviction	<hr/>
<hr/> Number of Days Remaining to serve (include CS cases)	<hr/>
<hr/> No violent offense/sex offense/crime against a child	<hr/>
<hr/> History of Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <hr/>	<hr/>
<hr/> Felony conviction for stalking or active protective order in county where the crew is housed or will be working	<hr/>
<hr/> History of Escape <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, escape from: <hr/> Date of escape: <hr/> Date of apprehension: <hr/>	<hr/>
<hr/> Deemed a threat to public safety	<hr/>
<hr/> Override to medium or maximum security	<hr/>
<hr/> Any other extenuating circumstances	<hr/>
<hr/> Active Misconducts	<hr/>
<hr/> Health Summary for Classification	<hr/>
<hr/> CREW ASSIGNMENT TYPE <input type="checkbox"/> ODOT Crew Only <input type="checkbox"/> ODOC Supervised Only <input type="checkbox"/> Unrestricted PPW Crew	<hr/>

COMMENTS

<hr/> Screener	<hr/> Date
<hr/> Unit Manager/Case Manager IV	<hr/> Date
<hr/> Facility Head	<hr/> Date