



CASE MANAGEMENT ~~TRANSITION~~ PLAN

Name:

DOC#:

Supervising Officer:

Current Review Date:

Case Type:

Location:

Risk/Needs					
Assessment Type: Level of Service Inventory - Revised (LSI-R)					
		Score		Score	
1. Crime History		%		6. Leisure	
2. Employment/Education		%		7. Companions	
3. Financial		%		8. Alcohol/Drugs	
4. Family/Marital		%		9. Emotional	
5. Accommodation		%		10. Attitudes	

Employment

Module Objective:

Offender Action Steps:

Start Date:

End Date:

Officer Action Steps:

Mental Health

Module Objective:

Offender Action Steps:

Start Date:

End Date:

Officer Action Steps:

OFFENDER

STAFF

Oklahoma Department of Corrections

Program Referral Form

You have been referred to the following programs:

Comments: