

**COMPASS REENTRY PROGRAM
Old Pueblo Community Services Transitional Housing**

PAROLE OFFICER REFERRAL WORKSHEET (To be completed by Parole Officer)

Date of referral: _____ (circle one) Male / Female	
Offender Name: _____	ADC# _____
Release Date: _____	Date Supervision Ends: _____
Release type: _____	Assigned PO: _____
PO Office: _____	PO Office Phone #: _____
Reason for referral: _____	
Priority Level: (See guidelines for descriptions) (circle one) 1 2 3	
G/V score: at time of release _____	at time of referral _____
I/R Score: _____	MH score: _____ UA Color: _____
Eligibility verified by:	Parole Officer yes/no
	Parole Supervisor yes/no
New Conditions of supervision signed	yes/no
Is the Offender Pregnant	yes/no
History of Suicide Attempts (If yes, list dates and method)	yes/no
Is the Offender currently using any medication? (If yes, list all) yes/no	

Date faxed to ADC Compass Coordinator: _____	

PROGRAM AGREEMENT (To be completed by Offender)

By signing below I agree to the following program requirements.	
1. Attend 2 hours of group counseling four times per week from 6-8pm (Total of 8 Hours)	
2. Attend a 2 hour house meeting one time per week from 6-8pm	
3. 6 pm Curfew Monday through Friday.	
3. Attend at least 2 outside group support meetings per week (12 Step, SMART)	
4. Work with a 12 Step Sponsor.	
5. Obtain full time employment.	
_____	_____
Offender Signature	Date

ADC Compass Coordinator (To be completed by Compass Coordinator)

Date staffed case with Parole Officer/Parole Supervisor: _____	Meet Criteria	Yes	No
If no, reason: _____			

Date staffed with Parole Administrator for criteria exception: _____			
Accepted into program: yes/no	If no, reason why?		

Appointment for Intake scheduled for (Date) _____	(Time) _____		
Acceptance date: _____	Parole Officer advised: _____		
Date Offender Entered Program: _____	database updated: _____		
Faxed all documents to OPCF Intake Personnel	yes/no		