

**MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU**

PFB PROGRAM REFERRAL

Date: _____ **Referring Program/Facility:** _____ **Referring Officer:** _____
Offender Name (last, first): _____ **DOC ID #:** _____

Prerelease Center (**sex offenders) Males <input type="checkbox"/> (1) Butte <input type="checkbox"/> (2) Helena** <input type="checkbox"/> (3) Great Falls** <input type="checkbox"/> (4) Billings** <input type="checkbox"/> (5) Missoula** <input type="checkbox"/> (6) Bozeman Females <input type="checkbox"/> (1) Butte <input type="checkbox"/> (2) Great Falls** <input type="checkbox"/> (3) Billings** <input type="checkbox"/> (4) Missoula**		Elkhorn Females <input type="checkbox"/> Boulder Nexus Males <input type="checkbox"/> Lewistown	Passages ADT Females <input type="checkbox"/> Billings	WATCH Males <input type="checkbox"/> East <input type="checkbox"/> West Females <input type="checkbox"/> East	Connections Corrections (CCP) Males <input type="checkbox"/> Butte <input type="checkbox"/> Warm Springs	Pine Hills Adult Training and Treatment Males <input type="checkbox"/> Miles City Pine Hills 90-day SUD TX Males <input type="checkbox"/> Miles City
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Prerelease Centers: When the first center of choice denies the referral, the referral will be forwarded to the next center in order given above.

****Male Sex Offender Rotation:** Helena PRC → Great Falls Transition Center → Alpha House PRC (Billings) → Missoula Correctional Services.

**** Female Sex Offender Rotation:** Great Falls Transition Center → Passages PRC (Billings) → Missoula Correctional Services.

WATCH Program: If the offender is initially screened and denied at WATCH East, the packet will be forwarded to WATCH West for screening on males only.

WAIVER

I have been informed of the program and I understand that I am being considered for placement. I have read, understand and accept the terms and conditions listed below.

1. I understand that the program is not legally bound to accept any referral for placement.
2. I authorize the release of all medical, psychological, substance use, and criminal history information to be forwarded to the program for screening and appropriate handling of my case.
3. I will abide by all terms of placement.
4. I will abide by all program rules.
5. I am responsible for all medical and treatment program costs.
6. If my correctional status is DOC Commit or I am an inmate under the jurisdiction of the Board of Pardons and Parole, I recognize that any unauthorized absence from the program constitutes Felony Escape, which may carry up to a 10 year consecutive sentence.
7. If I am returned/placed at prison for other than medical reasons, I may be subject to disciplinary processes.
8. If I am returned/placed at prison, I will be allowed to bring only property that is allowed new inmates.
9. If I am returned/placed at prison, any funds earned while at the program may be retained to offset owing room and board payments.

Offender's Signature _____
Date

FACILITY SCREENING COMMITTEE RESULTS:

Date: _____ **Approved** **Disapproved**

Denial Reason(s):

- Offender meets one of the established exclusionary criteria per program's written policy/procedure. Provide the specific exclusionary criteria met by offender:
- Offender presents an unacceptable level of risk of harm to other facility offenders or staff as demonstrated by specific behavior within the past four (4) months. Provide the specific behavior demonstrated by the offender and the date of the behavior:
- Offender's criminogenic needs identified by the referral source cannot be addressed by the program. Identify the specific needs of offender that cannot be addressed:
- Offender has insufficient time remaining on his/her sentence to benefit from the program.
- Material submitted was incomplete or not provided when requested. Provide the material missing and date(s) it was requested:
- Offender refused provisional acceptance.

Members' Initials: _____

I agree to the above stipulations.

Offender's Signature _____
Date

Routing Instructions: White-MSP/MWP Records; Canary-PRC; Pink-Dept. of Corr.; Golden Rod-Placement Officer then MSP Records