

MONTANA DEPARTMENT OF CORRECTIONS
PROGRAM AND FACILITIES BUREAU

PFB APPLICATION EVALUATION

TO BE COMPLETED BY THE INDIVIDUAL REFERRING AN APPLICANT

PLACEMENT TYPE AND OTHER STATUS NOTES (Mark all that apply)

Offender Discharge date: _____

- Pre-Screening
- New DOC Commit
- Facility Revocation
- CR Revocation
- Inmate Worker
- BOPP Authorized Placement
- Preauthorized Extended Stay
- Denied All Prereleases
- Up to (select)
Placement Beginning Date: _____ End Date: _____
Offender Correctional Status: (select)
Supervising P&P Officer: _____
- Preauthorization for Conditional Release required and attached
Approval Date: _____

Applicant: _____ DOC #: _____ Date: _____
Last, First, Middle

- Present location of Applicant:
- MASC
 - Passages ASRC
 - START
 - Pine Hills
 - Jail: _____
 - Prison: (select)
 - Community Supervision: Thompson Falls P/P

Applying for: (M=Males; F=Females)

- Prerelease Center: (select)
- Treatment Facility: (select)
For CCP, Elkhorn, or Nexus – PRC Approval? Yes No
- Other: _____

**** PRIOR TO SUBMISSION****

PLEASE PROVIDE ASSISTANCE TO APPLICANT AND REVIEW APPLICATION UPON COMPLETION FOR ACCURACY

PLEASE PROVIDE INFORMATION IN EACH SECTION

ANSWERING WITH "see PSI" or "see OMIS" WILL RESULT IN THIS APPLICATION BEING RETURNED FOR COMPLETION

A. MANDATORY INFORMATION TO BE INCLUDED FOR FACILITY SCREENING COMMITTEE

- PFB Application Evaluation Form from referral source (P&P Officer and/or Case Manager)
- Application for PFB Facility (Offender)
- Current MORRA/WRNA assessment Scoring Sheet
- Authorization for Release of Information
- N/A
- Presentence Investigation Report(s) (within last 3 yrs)
- Psychological (Psychosexual) or existing Sexual Offender Reports / Evaluations (if available)
- Medication recommendations
- Substance Use Disorder Reports / Evaluations (if being referred for SUD treatment)
- Victim Information that affects placement
- Initial BOPP Report and BOPP Case Disposition for parole offender (most recent)
- Verification of Commitment and Information OR Judgment(s) for all cases offender is currently serving
- Sentence Review Decision(s)
- Report(s) of Violation or Conditional Release Revocations
- Parole Report (most recent) or PFB 6.2.437 (E) Progress/Summary Report
- Approved PPD 4.6.302 (B) Preauthorization for Conditional Release
- Approved PFB 6.1.201 (C) Approval of Offender Placement with Escape Conviction(s)
- Summary of offender's disciplinary write-ups
- Personal Letter from Offender (if offender wishes to include)

Name and Title of Referring Individual: _____

Recommendation/comments/information concerning the applicant to assist the Facility Screening Committee: _____

Phone Number of Referring Individual: _____ E-mail Address: _____

The best time to contact me and the name of another person who may also assist in the screening process in my absence is as follows: _____

- PFB Application Evaluation* has been reviewed for completeness and mandatory items are included.
 Offender's Application for PFB Facility has been reviewed for completeness.

B. ASSESSMENT INFORMATION

MORRA/WRNA Completed Date: _____ Tool Used / Score / Result: (select) / _____ / (select)

Completed By (name/title/location): _____

Are results in OMIS? Yes

No - **IF RESULTS ARE NOT IN OMIS, COMPLETE THE APPROPRIATE CHART BELOW**

DOMAINS (females)	AREAS OF RISK REQUIRING INTERVENTION		DOMAINS (females)	AREAS OF RISK REQUIRING INTERVENTION	
	Low Need (High Strength)	High Need (Low Strength)		Low Need (High Strength)	High Need (Low Strength)
Attitudes Scale	<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Educational Needs	<input type="checkbox"/>	<input type="checkbox"/>	PTSD	<input type="checkbox"/>	<input type="checkbox"/>
Educational Strengths	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse History	<input type="checkbox"/>	<input type="checkbox"/>
Employment/Financial	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Current	<input type="checkbox"/>	<input type="checkbox"/>
Housing Safety	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Support	<input type="checkbox"/>	<input type="checkbox"/>
Antisocial Friends	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Involvement	<input type="checkbox"/>	<input type="checkbox"/>
Anger/Hostility	<input type="checkbox"/>	<input type="checkbox"/>	Family Support	<input type="checkbox"/>	<input type="checkbox"/>
History of Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	Family Conflict	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Scales	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis (current symptoms)	<input type="checkbox"/>	<input type="checkbox"/>	Self-efficacy Scale	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Parenting	<input type="checkbox"/>	<input type="checkbox"/>
Adult Abuse	<input type="checkbox"/>	<input type="checkbox"/>			

DOMAINS (Males)	AREAS OF RISK REQUIRING INTERVENTION		
	Low Need	Moderate Need	High Need
Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Employment/Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Social Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Attitudes/Behavioral Patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPONSIVITY ISSUES: _____

C. OFFENDER SERVICE/PROGRAM NEEDS

PROGRAMMING/ SERVICES	Court OR Ordered	Court AND/OR Recommended	BOPP OR Ordered	BOPP AND/OR Recommended	Referral Recommended	CR Preauth Requirement	Assessed Needs
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence Programming (45-5-206; 45-5-212; 45-5-215, MCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational (HiSET)/ Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex Offender TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

RISK / NEEDS/RESPONSIVITY:

ADDITIONAL TREATMENT/PROGRAMMING SUMMARY:

EDUCATIONAL/VOCATIONAL/EMPLOYMENT SKILLS:

CRIMINAL HISTORY (IF NO PSI ATTACHED):

SUMMARY OF OFFENDER BEHAVIOR IN LAST 120 DAYS:

VICTIM(S) INFORMATION:

ACTIVE ORDER(S) OF PROTECTION OR RESTRAINING ORDERS:

INVOLVEMENT IN SECURITY THREAT GROUPS (STGs/Gangs):

MISCELLANEOUS:

CURRENT BOPP REQUIREMENTS:

KNOWN WARRANTS/DETAINERS: Yes No

Extraditable?

City: _____ Yes No

County: _____ Yes No

State: _____ Yes No

For: _____

DRAFT

Mail, Email, or Fax this Evaluation, the Application, and additional items to:

Prerelease Centers

Screening Coordinator
alpharecords@altinc.net

Alpha House
3109 1st Avenue N.
Billings, MT 59101
Phone: (406) 294-9609 ext 226
Fax: (406) 259-0764
Questions: gdeckard@altinc.net

Screening Coordinator
dvap@cccscorp.com

Gallatin County Re-Entry Program
675 S. 16th Avenue
Bozeman, MT 59715
Phone: (406) 994-0300
Fax: (406) 994-0306

Screening Coordinator
screening@m-c-s-inc.org

Missoula Pre-Release Center
2350 Mullan Rd.
Missoula, MT 59808
Phone: (406) 541-9200
Fax: (406) 541-9216
Questions: ABahm@m-c-s-inc.org

Director of Treatment Services
alan@gfprc.org

Great Falls Transition Center
1019 15th St. N.
Great Falls, MT 59401
Phone: (406) 727-0944
Fax: (406) 727-0961

Program Director
dmcgee@boydandrew.com
m

Helena Prerelease Center
805 Colleen St.
Helena, MT 59601
Phone: (406) 442-6572
Fax: (406) 495-0582

Screening Coordinator
nbugni@cccscorp.com

Butte Pre-Release Center
Women's Transition Center
66 W. Broadway
Butte, MT 59701
Phone: (406) 782-2316 (M)
or (406) 782-6446 (F)
Fax: (406) 723-1170

Screening Coordinator
mdeutscher@altinc.net

Passages Prerelease
1001 S. 27th St.
Billings, MT 59101
Phone: (406) 294-9609
ext. 226
Fax: (406) 245-4886

Treatment Facilities

Screening Coordinator
KPotvin@cccscorp.com

Connections Corrections Program
111 W. Broadway
Butte, MT 59701
Phone: (406) 782-4223
Fax: (406) 782-6676

Administrator
dkrause@boydandrew.com

Elkhorn Treatment Center
PO Box 448
Boulder, MT 59632
Phone: (406) 447-3266
Fax: (406) 447-5301

Screening Coordinator
krogers@cccscorp.com

Nexus Treatment Center
PO Box 1200
Lewistown, MT 59457
Phone: (406) 535-6660 ext. 222
Fax: (406) 535-6665

Screening Coordinator
mdeutscher@altinc.net

Passages ADT
1001 S. 27th St.
Billings, MT 59101
Phone: (406) 294-9609 ext. 226
Fax: (406) 245-4886

Screening Coordinator
bulmer@cccscorp.com

WATCH West Program
PO Box G
Warm Springs, MT 59756
Phone: (406) 693-2272 ext. 2
Fax: (406) 693-2276

cbeeb@cccscorp.com
mnephe@cccscorp.com

WATCH East Program
700 Little St.
Glendive, MT 59330
Phone: (406) 377-2105
Fax: (406) 377-6004

Administration

RRobinson@mt.gov

Pine Hills Adult Training and Treatment Program
Pine Hills Adult Chemical Dependency Program
4 N. Haynes Ave.
Miles City, MT 59301
Phone: (406) 232-1377
Fax: (406) 232-7432