

**IDAHO DEPARTMENT OF CORRECTION
CAPP Rider Review and Recommendations Form**

Offender's Name	IDOC #	Date Entered CAPP	Date of Report
CAPP Case Manager's Name	E-mail Address		
Summary			
Recommendations			
<i>(Limit to a higher level of intervention, not a specific program.)</i>			
Date Forwarded to the CAPP Deputy Warden of Programs or Designee:			

Offender's Name: _____

IDOC #: _____

<i>Facility Deputy Warden of Programs' Review</i>		
Deputy Warden of Programs' Name	Recommendation	Date Reviewed
	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	
Comments (Only required when not concurring with recommendations)		
Date Forwarded to the Rider Review Committee:		

<i>Rider Review Committee's Review</i>		Date Reviewed
Recommendation		
<input type="checkbox"/> Continue CAPP Treatment	<input type="checkbox"/> Traditional Rider	
<input type="checkbox"/> Therapeutic Community (TC)	<input type="checkbox"/> Relinquish Court Jurisdiction	
Committee Member's Names	Committee Member's Names	
Comments		
Date Forwarded to the CAPP Deputy Warden of Programs:		

<i>CAPP Deputy Warden of Programs' Final Action</i>			
Date Received	Date Facility Program Coordinator Notified	Date CAPP Case Manager Notified	Date Court Notified
Comments			

Offender's Name: _____

IDOC #: _____

Supplemental Information (Use this section for expanding comments and/or recommendations)	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	