

**IDAHO DEPARTMENT OF CORRECTION
CRC Initial Intake and Orientation Form**

Inmate's Name: _____ IDOC #: _____

Facility Intake Section:

Location: EB-CRC IF-CRC N-CRC PWCC-CCU SICI-CRC TF-CRC

Transfer Type: Resident Worker Rider Work Release

Is the resident able to read and write? _____ Does the resident speak English? _____

Explain, discuss, point out, or provide pursuant to the SOP. (Initial each as completed)

Facility emergency procedures: _____ Location of fire extinguishers: _____

Location of first aid kits: _____ Location of evacuation plans: _____

Property management procedures: _____ Employment procedures: _____

Visiting procedures: _____ Healthcare procedures: _____

Inmate funds management procedures: _____ Access to policies and forms procedures: _____

Bed assignment procedures: _____ Laundry procedures: _____

Inmate Emergency Data Form: _____ Current photo: _____

Insert # of **and/or** item(s) provided

Linens: (Sheets _____) (Blanket _____)

Hygiene items: _____

CRC living guide: _____

Findings, concerns, issues documented as C-note entry: Yes No N/A



Inmate Acknowledgment and Agreement

I have received the community release center (CRC) orientation and intake information and items listed above. I understand that policies, standard operating procedures (SOPs), and facility field memorandums (FMs) that are allowed for inmate disclosure, are available to me or for my viewing upon request.

I agree to abide by all of the CRC rules and instructions given to me by staff during this orientation and while housed at the CRC.

I have been provided a copy or access to a copy of the CRC living guide. I agree that it is my responsibility to read, understand, and abide by all of the rules or procedures outlined in the living guide.

I agree that if I do not understand anything from my orientation or the contents of the living guide it is my responsibility to seek clarification from staff or another resident.

Inmate's Signature

Date

Facility Intake Staff's Name and Associate Number

Date

(Note: When this section of the form is fully complete per the SOP, forward it to the case manager for further processing.)

Inmate's Name: _____ IDOC #: _____

**IDAHO DEPARTMENT OF CORRECTION
CRC Initial Intake and Orientation Form**

Case Plan Intake Section:

Review, update, explain, discuss, collect, or assist (as needed) pursuant to the SOP. (Initial each as completed)

Reclassification: _____ Financial obligations: _____ Pathways/case plan requirements: _____

Reentry needs: _____ Expectations/consequences: _____ Prison rape elimination: _____

Waiver of Extradition: _____ Inmate Emergency Data Form: _____

Indicate status and location (valid, suspended, expired, or central file, on person, at home, unknown, etc.)

Birth certificate: _____

State ID card: _____

Drivers' license: _____

Social security card: _____

Findings, concerns, issues documented as C-note entry: Yes No N/A

Case Manager's Name and Associate Number _____
Date

(Note: If the inmate is a resident worker or rider and this section of the form is fully complete per the SOP, forward the *Waiver of Extradition, Inmate Emergency Data Form*, and this intake form to facility records staff for filing. If the inmate is a work release inmate, forward the *Waiver of Extradition* and the *Inmate Emergency Data Form* to facility records staff for filing, and forward this form to the employment coordinator for further processing.)

Employment Intake Section: (Only Complete for Work Release Inmates)

Employment Coordinator

Find out, provide, discuss, or explain pursuant to the SOP. (Initial each as completed)

Limitations that would prevent employment: _____ Information related to employment: _____

Employment rules: _____

Findings, concerns, issues documented as C-note entry: Yes No N/A

EC's Initials _____
Date

Facility Head

C-note entries reviewed: Yes No

Pathways/case plan reviewed: Yes No

Work release approved: Yes No

Work release approval or denial documented as C-note entry: Yes No

Facility Head's Initials _____
Date

(Note: If the inmate is a work release inmate and this section of the form is fully complete per the SOP, forward it to facility records staff for filing.)