**WRP / VWRP / RCWRP Placement Checklist:**

Offender’s Full Name: Offender #:

DOB: Custody: PRD:

Offense:

**Screening Checklist:**

**(Any “Yes” answers below mean the applicant is disqualified from the WRP / VWRP / RCWRP at this time. All answers must be “No”.)**

|  |
| --- |
| **CURRENT OFFENSE(S):** |
| Must have 5 years or less to serve until their FRD, not less than 30 days from ARD. | Yes [ ]  | No [ ]  |
| Escape from a State or CRC facility w/in 3 years of application. | Yes [ ]  | No [ ]  |
| Walk-aways from a CRC within 6 months of application.  | Yes [ ]  | No [ ]  |
| Sex Offenses, Child Kidnapping or DV related (**with a local victim only**) convictions. | Yes [ ]  | No [ ]  |
| **INSTITUTIONAL CONDUCT:** |
| Major infractions within the past 3 years. | Yes [ ]  | No [ ]  |
| Hi-Moderate infractions within the past 120 days.  | Yes [ ]  | No [ ]  |
| Pending infractions at any level. | Yes [ ]  | No [ ]  |
| **PRIOR CONVICTION HISTORY:** |
| Conviction for Sex Offenses / Child Kidnapping or escape from a secured correctional facility. | Yes [ ]  | No [ ]  |
| In-state want / warrant or an extraditable out-of-state misdemeanor want or warrant. | Yes [ ]  | No [ ]  |
|  |
| **\* UNCLASSIFIED FELONY: \*** |
| **(If answer to below is “Yes”, must get Supt. approval before completing the checklist.)** |
| Prior or current conviction for an Unclassified Felony. | Yes [ ]  | No [ ]  |

**Questions And Scoring Matrix:**

|  |  |
| --- | --- |
| **Questions And Answers Matrix:** | **Scores:** |
| 1: | Age at date of first criminal conviction: |
|  | 19 or under = 5 | 20 – 24 = 2 | Over 25 = 0 |  |  |  |  |
| 2: | Prior felony convictions (count multiple convictions stemming from one incident): |
|  | Over 5 = 5 | 3 – 5 = 3 | 1 – 2 = 2 | None = 0 |  |  |  |
| 3: | Convictions for crimes against persons (AS11.41.) or Arson 1(AS 11.46.400): |
|  | Past & Current = 20 | Current = 10 | Past = 5 | None = -5 |  |  |  |
| 4: | Current offense is Murder 1 or 2, Assault 1 or 2, AND offender used a weapon (other than a motor vehicle) against a victim who was unknown to the offender prior to the offense (random victim): |
|  | Yes = 20 | No or N/A = 0 |  |  |  |  |  |
| 5: | Total high moderate and major disciplinary actions during this incarceration: |
|  | Over 4 = 5 | 4 = 4 | 3 = 3 | 2 = 2 | 1 = 1 | None = 0 |  |
| 6: | Total drug/alcohol related disciplinary actions during this incarceration: |
|  | 3 or More = 5 | 2 = 2 | 1 = 1 | None or N/A = 0 |  |  |  |
| 7: | Length of time during incarceration without major or high-moderate infraction, counting back from present: |
|  | 7 Years or More = -10 | 4 – 7 Years = -8 | 2 – 4 Years = -5 | 1 – 2 years = -3 | 1 Year or Less = 0 |  |  |
| 8: | Used drugs/alcohol during current offense(s): |
|  | Yes = 5 | No = 0 |  |  |  |  |  |
| 9: | Prisoner/out of custody applicant has satisfactorily completed substance abuse program during/prior to incarceration: |
|  | Yes = -5 | No = 0 |  |  |  |  |  |
| 10: | Prisoner/out of custody applicant has completed self-betterment programs other than substance abuse or sex offender treatment during/prior to this incarceration: |
|  | Yes = -5 | No = 0 |  |  |  |  |  |
| 11: | Status of prior furlough(s) including this incarceration: |
|  | Failed to Complete = 5 | N/A = 0 | Completed = -5 |  |  |  |  |
| 12: | Comments from victim(s): |
|  | Oppose = 5 | None or N/A = 0  | Support = -5 |  |  |  |  |
| 13: | Prior violations of "no contact" or restraining order against victim(s) of violent crime(s): |
|  | Yes, in person = 15 | Yes, by phone, mail or third party only = 10 | No or N/A = 0 |  |  |  |
| 14: | Probation Officer recommendation: |
|  | Strongly Oppose = 10 | Oppose = 5 | None = 0 | Support = -5 | Strongly Support = -10 |  |  |
|  |
| **Total Score:** |  |
|  |
| **[ ]  Does** meet Work Release Program Scoring Criteria (20 points or less). |
| **OR** |
| **[ ]  Does not** meet Work Release Program Scoring Criteria (21 points or more). |
| **(****[ ]  Scoring Criteria override and further consideration suggested based on review of application.)** |

Signature Of Staff Completing Checklist: Date:

Printed Name Of Staff Completing Checklist: Title:

**Superintendent Decision:**

[ ]  Application Approved. **OR:** [ ]  Application Denied.

Superintendent Signature: Date:

Superintendent Printed Name:

**Distribution:**

Original: WRP / VWRP File.