

**MAINE DEPARTMENT OF CORRECTIONS
SUPERVISED COMMUNITY CONFINEMENT PROGRAM PLAN**

Resident's Name: _____ MDOC No.: _____

Facility/Housing Unit: _____ Case Manager: _____

PROPOSED HOUSING

Address of Proposed Housing: _____

Phone Number of Contact Person for Proposed Housing (e.g., manager of proposed housing): _____

Other Persons Known to be Living in Proposed Housing:

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

PROPOSED EMPLOYMENT

Name of Employer: _____

Address and Phone Number: _____

PROPOSED EDUCATIONAL OR VOCATIONAL TRAINING PROGRAM

Name of School: _____

Address and Phone Number: _____

PROPOSED TREATMENT PROGRAMS

Name of Program: _____

Address and Phone Number: _____

Name of Program: _____

Address and Phone Number: _____

SUPPORT SYSTEMS AND RESOURCES IN THE COMMUNITY

Name of Support System or Resource: _____

Address and Phone Number: _____

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Supervised Community Confinement Program Plan
Eligibility Checklist

Timing

I am 90 days, or less, away from being eligible to participate in SCCP, based on my *current* release date.

Case Plan and Programs

- I have completed my assigned core programs.
- I am currently case plan compliant.
- I have demonstrated positive change during my imprisonment.

Discipline

I have no class A or B guilty findings within the past 90 days and no class A or B disciplinary write-up pending.

Other Requirements

- My current custody level is minimum.
- I have no detainers, warrants, or other pending holds preventing my participation in a community program.
- I understand and others living in the proposed housing understand the rules and conditions of SCCP.
- The following documents have been completed and are attached.
 - a. Supervised Community Confinement Program Plan;
 - b. Authorization for the Disclosure of Information for the Purpose of Community Review;
 - c. Agreement for Warrantless Searches; and
 - d. Waiver of Extradition.