

MAINE DEPARTMENT OF CORRECTIONS
COMMUNITY TRANSITION PROGRAM APPLICATION

Resident's Name: _____ MDOC#: _____

Facility/Housing Unit: _____ Case Manager: _____

Work Release

Education Release

Public Service Release

A. Educational History: _____

B. Prior Employment: _____

C. Proposed Education/Work/Public Service Placement: _____

D. If education release, proposed course(s) and location: _____

E. If education release, proposed financing: _____

F. Other relevant information: _____

I agree that the Department's Director of Victim Services, or designee, may notify my victim(s), if applicable, of the requested community transition program placement.

Resident's Signature: _____ Date: _____