

**MAINE DEPARTMENT OF CORRECTION
COMMUNITY TRANSITION PROGRAM APPLICATION**

BCF DCF MCC MVCF SMWRC

I, _____, wish to apply for consideration to be assigned to:
Prisoner (print name)

Work Release **Education Release** **Public Service Release**

A. Purpose: _____

B. Educational History: _____

C. Prior Employment: _____

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

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

F. If education release, proposed financing: _____

G. Other: _____

H. Comments: _____

Signature of Prisoner: _____ Date: _____

Community Program Coordinator, or other designated staff: : Eligible Not Eligible

Date: _____ Signature: _____

Unit Management Team: Recommended Not Recommended

Date: _____ Signature of Chair, or designee: _____

Chief Administrative Officer, or designee: Approved Disapproved

Date: _____ Signature of Chief Administrative, or designee: _____