

MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH PROGRAM REVIEW

Resident's Name: _____ MDOC#: _____

Facility/Housing Unit: _____ Case Manager: _____

FROM: Unit Team

TO: Chief Administrative Officer, or designee

Attached is a completed Furlough Pass Application or Furlough Leave Application, as applicable, and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

Resident has applied for multiple furloughs pursuant to Policy 27.4 (AF), Furlough Program, Procedure F. 15.

The resident is eligible for furlough and is:

Recommended (give specifics if resident has applied for multiple furloughs): _____

Not Recommended (specify reasons): _____

Signature of Unit Manager, or designee

Date

Decision of Chief Administrative Officer, or designee (if a furlough pass or if a furlough leave not requiring a community review)

The resident is still eligible for furlough and is:

Approved (specify required modifications to application and/or required additional conditions and give specifics if resident is approved for multiple furloughs): _____

Not Approved (specify reasons): _____

Signature of Chief Administrative Officer, or designee

Date

MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH PROGRAM REVIEW

FROM: Chief Administrative Officer, or designee (via Unit Team) (if an initial furlough leave or a second or subsequent furlough leave to a different location or with a different sponsor)

TO: Regional Correctional Administrator, or designee, Region: _____

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is eligible for furlough and is:

- Recommended
 Not Recommended (specify reasons): _____
- _____
- _____
- _____

Signature of Chief Administrative Officer, or designee

Date

Assigned to Probation Officer _____ for review and report (if an initial furlough leave or a second or subsequent furlough leave to a different location or with a different sponsor)

FROM: Regional Correctional Administrator, or designee _____

TO: Chief Administrative Officer, or designee

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application, as well as any additional conditions recommended.

The resident is still eligible for furlough and is:

- Recommended (specify suggested additional conditions, if any, below):
 Not Recommended (specify reasons below): _____
- _____
- _____
- _____

Signature of Regional Correctional Administrator, or designee

Date

MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH PROGRAM REVIEW

Decision of Chief Administrative Officer, or designee (if a subsequent furlough leave to a different location or with a different sponsor)

The resident is still eligible for furlough and is:

Approved (specify required modifications to application and/or required additional conditions):

Not Approved (specify reasons):

Signature of Chief Administrative Officer, or designee

Date

FROM: Chief Administrative Officer, or designee (if an initial furlough leave)

TO: Department's Director of Classification, or designee

Attached is a completed Furlough Leave Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any additional conditions recommended.

The resident is still eligible for furlough and is:

Recommended (specify suggested additional conditions, if any, below):

Not Recommended (specify reasons below):

Signature of Chief Administrative Officer, or designee

Date

MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH PROGRAM REVIEW

The resident is still eligible for furlough and is:

Approved (specify required modifications to application and/or required additional conditions):

Not Approved (specify reasons): _____

Signature of Director of Classification, or designee

Date