

# Case Plan

Inmate Name: \_\_\_\_\_ ODOC# \_\_\_\_\_ DOB \_\_\_\_\_

**Initial Plan**

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS
<b>Community Security Eligible:</b>	Yes No			
<b>Other Areas to be Addressed:</b>				

Inmate Signature \_\_\_\_\_

Case Manager Signature \_\_\_\_\_

Administrative Officer Signature \_\_\_\_\_

**Revised Plan**

Facility \_\_\_\_\_ Date \_\_\_\_\_ Approval \_\_\_\_\_ Date \_\_\_\_\_

NEEDS	PLAN OF ACTION	PROJECTED ENROLLMENT	COMPLETION DATE	RESTRICTIONS/COMMENTS

Inmate Signature \_\_\_\_\_

Case Manager Signature \_\_\_\_\_

Warden or Designee's Signature \_\_\_\_\_