

ANCILLARY and SUPPORT GROUPS FORM

The following information will be completed on all facility other programs, activities and support groups as defined in OP-090101:

Other programs and support groups are classes/groups chosen by the inmate based on availability and his/her interest or preference. *All other groups/classes will have their attendance reported electronically as outlined in Attachment A.*

Please complete a separate form for each other program/activity, offered by your facility. *Example: AA/NA, structured bible studies, Zig Ziggler, etc.*

EMAIL this form to: Administrator of Program Services - stephanie.sullivan@doc.ok.gov

Facility Name: _____

Ancillary Program Name and Support Groups:

Security level in which program is available: *(Check all that apply):* Community Minimum Medium Maximum

Check **one** of the following: support group treatment life skills parenting
 managing emotions motivational family relations educational character building
 other

Description/Purpose of other program: _____

Workbook, text, theory utilized in program: _____

Participant eligibility criteria: _____

Lead by: *(Check all that apply.)* security staff case management correctional counselor
 unit manager psychologist psychology clinician medical staff *(Doctor, Nurse, PA)*
 chaplain law librarian volunteer education *(Principal, Teacher, Librarian)*
 inmate contract treatment provider

Minimum qualifications needed to lead activity, if applicable: *(training, certification, education and/or experience, etc.)* _____

Capacity per group: _____ Number of groups at one time: _____

Length of activity: *(days, weeks, months)* _____ Times per week: _____ Total hours per week: _____