

# PASS REQUEST FORM

(BOARD APPROVAL IS REQUIRED FOR PASS)

Please submit the form in PDF format to [FileCloud](#) named as:

XXXX-XX-XX Last Name, First Name,PREQ

**Form should be completed and submitted by the Case Monitor**

Date Submitted: \_\_\_\_\_ Client Name: \_\_\_\_\_

Client has been on CR \_\_\_\_\_ months \_\_\_\_\_ years and has been living at an \_\_\_\_\_ for \_\_\_\_\_ months \_\_\_\_\_ years.

Date/Time Leaving: \_\_\_\_\_ Date/Time Returning: \_\_\_\_\_

Address of Destination: \_\_\_\_\_

Purpose of the Pass: \_\_\_\_\_

Plan for traveling to destination: \_\_\_\_\_

Client has previously taken this pass \_\_\_\_\_ of times and last took this pass on Date: \_\_\_\_\_ or N/A:

Briefly describe any concerns/issues with previous or similar passes:

Who are the Host(s) for this pass? N/A or Name(s) \_\_\_\_\_

Have you verified the CURRENT pass with the Host(s)? Yes, Date: \_\_\_\_\_ Are Host(s) aware of conditions?

Case manager has a contact number(s) to reach client while on pass: Yes \_\_\_\_ No (explain) \_\_\_\_\_

Describe monitoring and supervision plan while client is on this pass (Required if pass is overnight):

Does current CR Order require the client be supervised outside the facility? Yes(Board approval required) No

If no, does the client have pass privileges that allow for this pass? Yes No (Board approval required)

## VICTIM(S)

Do victim(s) live or did instant offense occur near pass destination?

Yes (if yes, please address in monitoring/supervision plan) No

Has victim advocate been notified: Yes, by CM \_\_\_\_ No, PSRB needs to notify Not Required

## Clients with sex offense history:

Are past victim(s) minors? Yes No

Will minors be present at or near pass destination?

Yes (if yes, please address in monitoring/supervision plan) No

Does current CR Order restrict contact with minors? Yes (Board approval required) No

Case Manager Name: \_\_\_\_\_ has been client's case manager for Phone #: \_\_\_\_\_

Are all monthly reports up to date? Yes No (if no, please submit past due monthly reports)

Has client had a recent psychotropic medication change?

No Yes (if yes, please address in monitoring/supervision plan if overnight)

Is the client able to self-administer his/her medication?

No Yes (if no, please address in monitoring/supervision plan if overnight)

Is client currently meeting his/her conditions of release? Yes No

Does case manager/treatment team approve this pass? Yes No

## **Office Use Only**

\_\_\_\_APPROVED

\_\_\_\_DENIED

Yes or No - Waiver received?