

EXTENDED TRANSITION PROGRAM (ETP)/DAY REPORTING (DR) DATA FACE SHEET

Date: J _____ 0

Name: **Offender Name**

ICON #: **ICON**



Jesness Levels/Date: **Most Recent** UA Protocol: Color Last Assessment

Iowa Risk Revised Score/Date: **Most Recent** Violence: **Level** Victimization: **Level**

DRAOR Score/Date: **Most Recent** Stable: **Score** Acute: **Score** Protective: **Score**

DRAOR Supplemental Factors:

SDD/TDD	County-Cause/Ct-Charge Description	Court Fees Owed
SDD/TDD	Charge Info	\$ <input style="width: 50px;" type="text"/>

FINANCIAL OBLIGATIONS: Rent \$ Sup Fee(s) \$ Other \$

Comments:

Start Date	Status	Employer(s)
EmpStart	Job Status	Employer
Start Date	Active Intervention(s)	
IntStart	Intervention	
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Housing: <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Level Eligible
<input type="checkbox"/>	<input type="checkbox"/>	Pro-social involvement not noted in Active Interventions (Church, Community Service, etc.) <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Special Conditions of Supervision
<input type="checkbox"/>	<input type="checkbox"/>	No Contact Orders
<input type="checkbox"/>	<input type="checkbox"/>	Community Service Providers (i.e. DHS, Horizons, Abbe workers, Linn County Community services)
<input type="checkbox"/>	<input type="checkbox"/>	Release(s) of Information: <input style="width: 50px;" type="text"/>

Reviewed Levels & Furloughs: _____ Date: _____

Comments:

Reviewed by Supervisor: _____ Date: _____

Approved Denied Assigned to: _____

Comments: _____

FOI Public Information Only