

**ADMISSION TO ADULT FIELD CASELOAD
 ASSESSMENT OF OFFENDER RISK**

OFFENDER NAME	Last	First	MI	DOC NUMBER
DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)		AGENT LAST NAME		AREA NUMBER
FACILITY OF RELEASE			CODE	DATE COMPLETED (MM/DD/YY)

(Select the appropriate answer and enter the associated weight in the score column.)

SCORE

Number of Address Changes in last 12 Months: _____ 0 None
 (Prior to incarceration for parolees) 2 One
 3 Two or more

Percentage of Time Employed in Last 12 Months: _____ 0 60% or more
 (Prior to incarceration for parolees) 1 40% - 59%
 2 Under 40%
 0 Not applicable

Alcohol Usage Problems: _____ 0 No interference with functioning
 (Prior to incarceration for parolees) 2 Occasional abuse; some disruption
 of functioning
 4 Frequent abuse; serious disruption;
 needs treatment

Other Drug Problems: _____ 0 No interference with functioning
 (Prior to incarceration for parolees) 1 Occasional abuse; some disruption
 of functioning
 2 Frequent abuse; serious disruption;
 needs treatment

Attitude: _____ 0 Motivated to change; receptive
 to assistance
 3 Dependent or unwilling to
 accept responsibility
 5 Rationalizes behavior; negative;
 not motivated to change

Age at First Conviction: _____ 0 24 or older
 (or Juvenile Adjudications) 2 20 - 23
 4 19 or younger

Number of Prior Periods of
 Probation / Parole Supervision: _____ 0 None
 (Adult or Juvenile) 4 One or more

Number of Prior Probation / Parole Revocations: _____ 0 None
 (Adult or Juvenile) 4 One or more

Number of Prior Felony Convictions: _____ 0 None
 (or Juvenile Adjudications) 2 One
 4 Two or more

Convictions or Juvenile Adjudications for: _____ 0 None of the Offense(s) stated below
 (Include current offense, 2 Burglary, theft, auto theft, or robbery
 Score must be either 0,2,3, or 5.) 3 Worthless checks or forgery
 5 One or more from the above
 categories

Convictions or Juvenile Adjudication for
 Assaultive Offense within Last Five Years: _____ 15 Yes
 (An offense which involves the use of a 0 No
 weapon, physical force or the threat of force)

TOTAL _____

Total all scores
 to arrive at the
 risk assessment
 score

**ADMISSION TO ADULT FIELD CASELOAD
 ASSESSMENT OF OFFENDER NEEDS**

OFFENDER NAME	Last	First	MI	DOC NUMBER
DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)		AGENT LAST NAME		AREA NUMBER
FACILITY OF RELEASE			CODE	DATE COMPLETED (MM/DD/YY)

Select the appropriate answer and enter the associated weight in the score column. Higher numbers indicate more severe problems. If offender is to be referred to a community resource or to clinical services, **check appropriate referral box.**

				REFERRAL					
ACADEMIC/VOCATIONAL SKILLS									
-1	High school or above skill level	0	Adequate skills; able to handle every-day requirements	+2	Low skill level causing minor adjustment problems	+4	Minimal skill level causing serious adjustment problems	<input type="checkbox"/>	_____
EMPLOYMENT									
-1	Satisfactory Employment for one year or longer	0	Secure employment; no difficulties reported; or homemaker, student or retired	+3	Unsatisfactory employment; or unemployed but has adequate job skills	+6	Unemployed and virtually unemployable; needs training	<input type="checkbox"/>	_____
FINANCIAL MANAGEMENT									
-1	Long-standing pattern of self-sufficiency; e.g., good credit rating	0	No current difficulties	+3	Situational or minor difficulties	+5	Severe difficulties; may include garnishment, bad checks or bankruptcy	<input type="checkbox"/>	_____
MARITAL / FAMILY RELATIONSHIPS									
-1	Relationships and support exceptionally strong	0	Relatively stable relationships	+3	Some disorganization or stress but potential for improvement	+5	Major disorganization or stress	<input type="checkbox"/>	_____
COMPANIONS									
-1	Good support and influence	0	No adverse relationships	+2	Associations with occasional negative results	+4	Associations almost completely negative	<input type="checkbox"/>	_____
EMOTIONAL STABILITY									
-2	Exceptionally well adjusted; accepts responsibility for actions	0	No symptoms of emotional instability; appropriate emotional responses	+4	Symptoms limit but do not prohibit adequate functioning; e.g., excessive anxiety	+7	Symptoms prohibit adequate functioning; e.g., lashes out or retreats into self	<input type="checkbox"/>	_____
ALCOHOL USAGE									
		0	No interference with functioning	+3	Occasional abuse; some disruption of functioning	+6	Frequent abuse; serious disruption; needs treatment	<input type="checkbox"/>	_____
OTHER DRUG INVOLVEMENT									
		0	No interference with functioning	+3	Occasional substance abuse; some disruption of functioning	+5	Frequent substance abuse; serious disruptions; needs treatment	<input type="checkbox"/>	_____
MENTAL ABILITY									
		0	Able to function independently	+3	Some need for assistance; potential for adequate adjustment; mild retardation	+6	Deficiencies severely limit independent functioning; moderate retardation	<input type="checkbox"/>	_____
HEALTH									
		0	Sound physical health; seldom ill	+1	Physical condition or handicap interferes with functioning on a recurring basis	+2	Serious handicap or chronic illness; needs frequent medical care	<input type="checkbox"/>	_____
SEXUAL BEHAVIOR									
		0	No apparent dysfunction	+3	Real or perceived situational or minor problems	+5	Real or perceived chronic or severe problems	<input type="checkbox"/>	_____
AGENT'S IMPRESSION OF OFFENDER'S NEEDS									
-1	Minimum	0	Low	+3	Medium	+5	Maximum		_____
								Total all Scores. TOTAL	_____

OFFENDER NAME Last	First	MI	DOC NUMBER
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FACILITY OF RELEASE		CODE	DATE COMPLETED (MM/DD/YY)

MENTAL HEALTH PROBLEMS

- A. Check any of the following items which apply to the offender:
1. Self-concept problems:
 - a) low self-esteem _____
 - b) grandiosity _____
 2. Interpersonal problems with:
 - a) peers _____
 - b) authority _____
 - c) family _____
 3. Emotional Problems:
 - a) depression _____
 - b) history of psychotic episodes _____
 - c) anxiety _____
 4. Mental Health Treatment History:
 - a) inpatient _____
 - b) outpatient _____
 5. Destructive behavior:
 - a) self _____
 - b) property _____
 - c) persons/assaultive _____
 6. Unusual behavior / thought disorder _____
 7. Learning disability / mental retardation _____
 8. Criminal / antisocial value system _____
 9. Other (if referring, specify on back of form) _____
- B. Will offender be referred to Clinical Services or a Community Mental Health Agency?
 (For Drug, Alcohol, MH, or DD Problems.)
- a) Yes _____
 - b) No _____
- If no, why not?
- a) Referral not needed _____
 - b) Offender currently in treatment _____
 - c) Offender unmotivated / resistive _____
 - d) Adequate service unavailable _____

REFERRAL INFORMATION

- A. Select service(s) requested or currently received and enter appropriate agency code* in the space(s) provided:

REFERRAL AGENCY	CODE
#1 #2 #3	

- | | | | |
|--|-------|-------|-------|
| 1. Consultation for Case Planning Assistance: | _____ | _____ | _____ |
| 2. Formal Evaluation (Clinical, Vocational, etc.): | _____ | _____ | _____ |
| 3. Vocational Training or Job Assistance: | _____ | _____ | _____ |
| 4. Mental Health Treatment: | _____ | _____ | _____ |
| 5. Alcohol Treatment: | _____ | _____ | _____ |
| 6. Drug Treatment: | _____ | _____ | _____ |
| 7. Developmental Disability Treatment: | _____ | _____ | _____ |
| 8. Educational Training: | _____ | _____ | _____ |
| 9. Special Services (Living Arrangement, Money, Food, etc.): | _____ | _____ | _____ |

*** AGENCY CODES**

- A = Clinical Services (BPR)
- B = 51.42 Agency (Mental Health, Drug, Alcohol)
- C = 51.437 Agency (Developmental Disabilities)
- D = DVR
- E = State Mental Health Centers
- F = Job Service(s)
- G = Volunteers in Probation
- H = County Welfare Agency
- I = District Vocational School
- J = Halfway House
- Other (Specify Below)

K. _____ M. _____

L. _____ N. _____

ADMISSION TO ADULT FIELD CASELOAD
 CODING SHEET

OFFENDER NAME (1-20)	Last	First	MI	DOC NUMBER (21-27)
DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)		AGENT LAST NAME (34-37) (28-33)		AREA NUMBER (38-42)
FACILITY OF RELEASE			CODE (43-44)	DATE COMPLETED (MM/DD/YY) (45-50)

Select the appropriate answer and enter the associated code in the adjacent blank.
 * Indicate level at which offender will be supervised. Document any override decision on reverse side

ASSIGNMENT LEVEL OF SUPERVISION:* 0 Administrative 1 Minimum 2 Medium 3 Maximum 4 Intensive PRIMARY CLIENT MANAGEMENT CLASSIFICATION: 1 Selective Intervention 2 Casework/Control 3 Environmental Structuring 4 Limit Setting 9 Not Classified LIVING ARRANGEMENT: 1 Alone 2 With Spouse 3 With Parent(s) 4 With Child(ren) 5 With Sibling(s) 6 With Friend(s) 7 Other 9 Not Reported NUMBER OF DEPENDENTS: (Enter 99 if Not Reported) MAKING SUPPORT PAYMENTS: 1 Yes 2 No 9 Not Reported NEED CHILD CARE: 1 Yes 2 No 9 Not Reported VETERAN: 2 Not A Veteran 3 Yes - Honorable Discharge 4 Yes - Other than Honorable Discharge 9 Not Reported AMOUNT OF TIME EMPLOYED: 0 Unemployed and Not Looking 1 Unemployed and Looking 2 Full-time (35-40 hrs/wk) 3 Full-time But Seasonal 4 Part-time (20-34 hrs/wk) 5 Part-time (less than 20 hrs/wk) 6 Student 7 Homemaker 8 Not Applicable 9 Not reported MONTHS AT CURRENT JOB: (Enter 999 if Not Reported)	JOB TRAINING WANTED BY OFFENDER: 1 Yes 2 No 9 Not Reported LAST GRADE COMPLETED 00 None 01-12 (enter Specific #) 13 High School Graduate 14 Some College 15 College Graduate 16 Some Graduate Work 17 Graduate Degree 18 Ungraded 19 Special Education 20 GED or HED 21 Tech. or Voc. School 99 Not Reported NUMBER OF PRIOR MISDEMEANOR CONVICTIONS (Adult Only) (Enter 99 if Not Reported) NUMBER OF PREVIOUS MISDEMEANOR PROBATIONS (Adult Only) (Enter 99 if Not Reported) NUMBER OF PREVIOUS FELONY PROBATIONS (Adult Only) (Enter 99 if Not Reported) NUMBER OF TIMES PREVIOUSLY RELEASED ON PAROLE (Enter 99 if Not Reported) NUMBER OF PRIOR INCARCERATIONS FOR ONE YEAR OR LONGER IN A FEDERAL OR STATE INSTITUTION (Enter 99 if Not Reported) COMMUNITY SERVICE ORDERED Hours Ordered in Lieu of Financial Obligations Hours ordered Not in Lieu of Financial Obligations Total Hours Ordered PAYMENTS RECEIVED Yes No Reported Disabled Aid/Worker's Comp. Social Security (SSI) VA Benefits Unemployment Comp. AFDC General Relief Other	_____ (129) _____ (152) _____ (166) _____ (177) _____ (130) _____ (131) _____ (153) _____ (133) _____ (167) _____ (178) _____ (134) _____ (135) _____ (154) _____ (137) _____ (168) _____ (179) _____ (138) _____ (139) _____ (140) _____ (141) _____ (155) _____ (142) _____ (169) _____ (180) _____ (143) _____ (144) _____ (145) _____ (170) _____ (181) _____ (156) _____ (146) _____ (147) _____ (171) _____ (182) _____ (148) _____ (149) _____ (150) _____ (151) _____ (157) _____ (172) _____ (183) _____ (173) _____ (184) _____ (158) _____ (174) _____ (185) _____ (97) _____ (98) _____ (99) _____ (159) _____ (100) _____ (101) _____ (102) _____ (103) _____ (104) _____ (105) _____ (106) _____ (107) _____ (108) _____ (160) _____ (175) _____ (186) _____ (109) _____ (110) _____ (111) _____ (112) _____ (113) _____ (114) _____ (161) _____ (176) _____ (187) _____ (115) _____ (116) _____ (117) _____ (118) _____ (119) _____ (120) _____ (188) _____ (121) _____ (122) _____ (123) _____ (162-163)
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K. _____ M. _____ (189-190)

L. _____ N. _____ (164-165) _____ (191)

FACILITY OF RELEASE CODE LIST

02	Waupun Correctional Institution	34	New Lisbon
04	Green Bay Correctional Institution	35	Red Granite Correctional Institution
05	Dodge Correctional Institution - Institution Proper	36	WCCS - (MSDF) Milwaukee Secure Detention Facility
07	Dodge Correctional Institution - Reception Center (A&E)	37	Fox Lake Minimum Correctional Institution
08	Columbia Correctional Institution	38	WCCS - John C. Burke - Female
09	Racine Correctional Institution	39	WCCS - (MSDA) MSDF - AODA
10	Wisconsin Resource Center	40	WCCS - (MSDP) MSDF - FDOATP
11	Fox Lake Correctional Institution	41	WCCS - Marshall E. Sherrer
12	Kettle Moraine Correctional Institution	45	WCCS - St. Croix
13	Oakhill Correctional Institution	46	WCCS - St Croix - Female
14	Jackson Correctional Institution	48	WCCS - Milw. Women's Corr. Center
15	Oshkosh Correctional Institution	49	WCCS - (MMCC) Felmers O'Chaney Correctional Center
16	Drug Abuse Correctional Center	57	WCCS - ARC House (Contract)
17	Taycheedah Correctional Institution	58	William H. Ferris Center - Ferris Work Release Center
19	Stanley Correctional Institution	62	Intensive Sanctions - Male
20	Wisconsin Secure Program Facility	63	Intensive Sanctions - Female
21	Wisconsin Correctional Center System (WCCS) - Oregon	65	Community Residential Confinement (CRC) - Male
22	WCCS - Thompson	66	Community Residential Confinement (CRC) - Female
23	WCCS - R E Ellsworth	70	Federal Prison System
24	WCCS - Winnebago	71	County Jails Contracts
25	WCCS - S B Powers	85	Prairie du Chien Correctional Facility
27	WCCS - John C Burke	89	Racine Youthful Offender Correctional Facility
28	Highview	90	Probation
29	WCCS - Kenosha	96	Out of State (IC Incoming)
30	WCCS - Black River	97	Winnebago Mental Health
31	WCCS - Flambeau	98	Mendota Mental Health
32	WCCS - Gordon	99	Unknown
33	WCCS - Mc Naughton	__	Other (Specify)

FACILITY OF RELEASE CODE LIST

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|---|--|
| <p>02 Waupun Correctional Institution</p> <p>04 Green Bay Correctional Institution</p> <p>05 Dodge Correctional Institution - Institution Proper</p> <p>07 Dodge Correctional Institution - Reception Center (A&E)</p> <p>08 Columbia Correctional Institution</p> <p>09 Racine Correctional Institution</p> <p>10 Wisconsin Resource Center</p> <p>11 Fox Lake Correctional Institution</p> <p>12 Kettle Moraine Correctional Institution</p> <p>13 Oakhill Correctional Institution</p> <p>14 Jackson Correctional Institution</p> <p>15 Oshkosh Correctional Institution</p> <p>16 Drug Abuse Correctional Center</p> <p>17 Taycheedah Correctional Institution</p> <p>19 Stanley Correctional Institution</p> <p>20 Wisconsin Secure Program Facility</p> <p>21 Wisconsin Correctional Center System (WCCS) - Oregon</p> <p>22 WCCS - Thompson</p> <p>23 WCCS - R E Ellsworth</p> <p>24 WCCS - Winnebago</p> <p>25 WCCS - S B Powers</p> <p>27 WCCS - John C Burke</p> <p>28 Highview</p> <p>29 WCCS - Kenosha</p> <p>30 WCCS - Black River</p> <p>31 WCCS - Flambeau</p> <p>32 WCCS - Gordon</p> <p>33 WCCS - Mc Naughton</p> | <p>34 New Lisbon</p> <p>35 Red Granite Correctional Institution</p> <p>36 WCCS - (MSDF) Milwaukee Secure Detention Facility</p> <p>37 Fox Lake Minimum Correctional Institution</p> <p>38 WCCS - John C. Burke - Female</p> <p>39 WCCS - (MSDA) MSDF - AODA</p> <p>40 WCCS - (MSDP) MSDF - FDOATP</p> <p>41 WCCS - Marshall E. Sherrer</p> <p>45 WCCS - St. Croix</p> <p>46 WCCS - St Croix - Female</p> <p>48 WCCS - Milw. Women's Corr. Center</p> <p>49 WCCS - (MMCC) Felmers O'Chaney Correctional Center</p> <p>57 WCCS - ARC House (Contract)</p> <p>58 William H. Ferris Center - Ferris Work Release Center</p> <p>62 Intensive Sanctions - Male</p> <p>63 Intensive Sanctions - Female</p> <p>65 Community Residential Confinement (CRC) - Male</p> <p>66 Community Residential Confinement (CRC) - Female</p> <p>70 Federal Prison System</p> <p>71 County Jails Contracts</p> <p>85 Prairie du Chien Correctional Facility</p> <p>89 Racine Youthful Offender Correctional Facility</p> <p>90 Probation</p> <p>96 Out of State (IC Incoming)</p> <p>97 Winnebago Mental Health</p> <p>98 Mendota Mental Health</p> <p>99 Unknown</p> <p>___ Other (Specify)</p> |
|---|--|

OVERRIDE

JUSTIFICATION

Supervising the offender at a level different than indicated by the Needs/Risk scale is requested for the following reason(s):

SUPERVISOR'S DECISION

Approved
 Disapproved
 Level of Supervision _____

SUPERVISOR'S SIGNATURE	DATE SIGNED
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