

CCIS PROGRAM TERMINATION FORM

1. Offender Name: _____

2. Offender ID#: _____

3. County Number: 63

4. Enrollment Date: ____/____/____

5. Program Code: (select one)

6. Date of Birth: ____/____/____

Community Service

- _____ A19 Placement
- _____ A25 Work Crew
- _____ A99 Other

Pretrial Service

- _____ F22 Screening/Assessment
- _____ F23 Supervision
- _____ F99 Other

Education

- _____ B01 Adult Basic Education
- _____ B09 GED Completion
- _____ B10 High School Completion
- _____ B16 Life Role Competencies
- _____ B22 Screening/Assessment
- _____ B99 Other

Substance Abuse

- _____ G06 Detoxification
- _____ G07 Educational Awareness
- _____ G12 Inpatient
- _____ G13 Intensive Outpatient
- _____ G17 Monitoring/Testing
- _____ G18 Outpatient
- _____ G21 Residential
- _____ G22 Screening/Assessment
- _____ G99 Other

Employment and Training

- _____ C14 Job Seeking Skills
- _____ C15 Job Training
- _____ C19 Placement
- _____ C22 Screening/Assessment
- _____ C99 Other

Twenty-Four Hour Structured

- _____ H20-02 New Paths Inc.
- _____ H20-63 SHAR Macomb
- _____ H20-19 Community Programs, Inc.
- _____ H20-57 Solutions to Recovery
- _____ H20-23 Turning Point Recovery
- _____ H20 -97 Heartline

Mental Health

- _____ E03 Day Activity
- _____ E12 Inpatient
- _____ E13 Intensive Outpatient
- _____ E18 Outpatient
- _____ E21 Residential
- _____ E22 Screening/Assessment

Case Management

- _____ I22 Screening Assessment
- _____ I99 Other

6. Program Funding Source: (select one)

- _____ 1 CCAB Plans and Services
- _____ 2 Probation Residential Center
- _____ 3 Federal Substance Abuse Grant
- _____ 4 Other

7. Termination Date: ____/____/____

Comments

8. Termination Reason: (select one)

- _____ 1 Successful Completion
- _____ 2 Failed to comply with program requirements
- _____ 3 Did not participate or complete
- _____ 4 New Offense-Felony
- _____ 5 New Offense-Misdemeanor
- _____ 6 Failure to appear in court
- _____ 7 Absconded
- _____ 8 Relapsed