



Public Safety Program Eligibility/Interest Certification

Inmate's Name: _____ DOC #: _____ Date: _____

The above listed inmate has been screened as eligible for consideration to participate in the Public Safety Compact. This referral is subject to all requirements established in accordance with Division of Correction procedures.

Program Information: The Public Safety Compact is an initiative aimed at improving outcomes for participants by appropriately releasing them after completion of a DOC structured substance abuse program, on the condition they will continue treatment and receive re-integration services in the community. These services may include, but are not limited to: individual case management, aftercare/support groups, family and group counseling, occupational training, employment placement, peer mentoring programs, legal assistance, on-going medical and mental health related services, and referrals to other community-based services and supports.

INMATE ACKNOWLEDGEMENT AND REQUEST FOR CONSIDERATION:

By my signature below I am requesting consideration for participation in the Public Safety Compact. I acknowledge my understanding that:

- Eligibility does not imply suitability or approval. In order to be released, I must be approved by the Division of Correction and the Maryland Parole Commission (MPC).
- If approved for participation, I acknowledge satisfactory participation in the Compact will be a condition of my release. This includes all beneficial programming and services identified and scheduled on my behalf by my community case manager, in addition to my supervision by the Division of Parole and Probation.
- Any changes that negatively impact my institutional adjustment record may jeopardize my opportunity to participate in the program.
- I agree to fully cooperate with the Division of Parole and Probation, Compact staff, and community service providers.

SIGNATURES:

I have reviewed the program material and wish to be considered for participation in the Compact.

I have reviewed the program material and decline the opportunity for participation in the Compact.

Rationale (declinations only): _____

Inmate

Date

Case Management Specialist

Date

cc: Inmate Record

