



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
ADULT COMMUNITY CORRECTIONS DIVISION**

**INSTRUCTIONS FOR ACCD APPLICATION EVALUATION FORM**

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- APPLICANT NAME:** Last, first, middle – names(s) charged. Use convicted name.
- APPLYING FOR:** Check only one – an ACCD Application Evaluation Form must be completed for each program.
- MANDATORY INFORMATION:** Listed items must be included if available.
- PROGRAMS COMPLETED:** Provide information only on programs completed.
- PROGRAMMING CHART:** Provide information on programming offender is attending or has completed.
- \*Information provided in these (\*) categories below should be subsequent to the screening packet information.**
- \*ADDITIONAL TREATMENT/  
PROGRAMMING HISTORY:** Include recommendations by the courts, BOPP or initial classification for types of treatment needed; information about groups that have been completed, such as comments and evaluations made by facilitators (taken from group participation reports). Include information about past success or failures in treatment and any opinions of the evaluator as to what the offender might need from the program.
- \*EDUCATIONAL/VOCATIONAL/ EMPLOYMENT SKILLS:** Summarize skills of offender in these areas.
- \*CRIMINAL HISTORY:** Include information on the current offense (what actually took place), whether offender was placed in any community programs to serve time on this offense (i.e. probation violation, boot camp return, PRC return, etc.). If so, what offender did to fail and be sent to a higher level of custody; any information about prior felony convictions, especially related to failures or successes in community programs. Also, any feedback on offender's attitude toward his/her criminal history.
- \*ESCAPE HISTORY:** List offender's escape history including incidents of absconding from probation or parole and bail jumping convictions. Include all available information about this type of behavior.
- \*ADJUSTMENTS AT MSP/PRIOR FACILITIES/SUPERVISION:** Include information on offender's disciplinary record, attitude toward staff and other offenders; work history while in prison, including evaluations from supervisors or teachers; pertinent information on offender's classification or custody level.
- \*VICTIM(S) INFORMATION:** List victims who have registered with the Department to be notified of changes in the offender's status.
- \*ACTIVE ORDER(S) OF PROTECTION:** If applicable.
- \*INVOLVEMENT IN SECURITY THREAT GROUPS (STGs):** Describe gang affiliations and activities.
- MEDICAL INFORMATION:** List current and prior medications and diagnosis(s). Include major medical problems offender might have that would require treatment or affect program participation.
- MENTAL HEALTH INFORMATION:** Discuss current and prior mental illnesses, psychiatric medications or other mental health problems the offender may have.
- SPECIAL NEEDS:** List anything requiring special consideration such as problems with comprehension, learning disabilities, handicaps or conditions that would prevent the offender from working, or other problems which can be predicted.
- MISCELLANEOUS:** Include information on restitution owing and offender's attitude about paying it; work history or offender's plan on earning a living; any other information of importance.
- PRIOR BOPP HISTORY:** On current offense, if applicable.
- DETAINERS:** If applicable.
- LAST DISCIPLINARY OR MISCONDUCT REPORT:** If applicable; include number of facility infractions in last 12 months and nature of those infractions.
- RECOMMENDATIONS/ADDITIONAL COMMENTS/  
INFORMATION for SCREENING COMMITTEE:** Include statement on whether or not offender is a good candidate for the program.
- PRINT NAME AND TITLE OF REFERRING INDIVIDUAL:** Include position title.
- INDICATE BEST TIME TO CONTACT REFERRING INDIVIDUAL:** Also provide alternate contact person.
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