

**MAINE DEPARTMENT OF CORRECTIONS  
COMMUNITY TRANSITION PROGRAM REVIEW**

Resident's Name: \_\_\_\_\_ MDOC#: \_\_\_\_\_  
Facility/Housing Unit: \_\_\_\_\_ Case Manager: \_\_\_\_\_

FROM: Unit Team

TO: Chief Administrative Officer, or designee

Attached is a completed Community Transition Program Application and, if applicable, the written explanation sent to the resident regarding suggested modifications to the application and/or facility programs or services suggested for the resident, as well as any recommended additional conditions.

The resident is eligible for community transition release and is:

- Recommended
- Not Recommended (specify reasons):

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\_\_\_\_\_  
Signature of Unit Manager, or designee \_\_\_\_\_  
Date

Decision of Chief Administrative Officer, or designee

The resident is still eligible for community transition release and is:

- Approved (specify required modifications to application and/or required additional conditions):

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- Not Approved (specify reasons):

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Signature of Chief Administrative Officer, or designee \_\_\_\_\_  
Date