

Problem Housing File Review

SOP 503.02
Attachment 4
10/30/17

Offender & GDC #	Counselor	Last Contact	RPH Offender (yes/no)	Number of Residences Denied by Parole	Current Status

Institution: _____

Reviewed By: _____ Title: _____ Date: _____

CC: file
Deputy Warden of Care and Treatment Warden

Retention Schedule: This form should be kept for four years and then destroyed.