

LIFE CONNECTIONS PROGRAM (LCP) REFERRAL FORM

Applicant information (to be completed by staff):

Name	Number
Institution	Date

A. REVIEWED BY CHAPLAINCY TEAM:

1. Official Religious Preference (SENTRY): _____

2. Inmate has completed the three-session orientation: Yes: _____ No: _____

3. Chaplaincy team's recommendation: Yes: _____ No: _____

Chaplain's Signature	Comments
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B. REVIEWED BY UNIT TEAM

Unit Team's recommendation Yes: _____ No: _____

Unit Manager's Signature	Comments
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C. REVIEWED BY ASSOCIATE WARDEN

Associate Warden's Recommendation Yes: _____ No: _____

Associate Warden's Signature	Comments
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D. WARDEN'S DECISION: Approved: _____ Denied: _____

Warden's Signature	Date
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E. UNIT TEAM:

The completed application was mailed to the C.O. Life Connection Program Coordinator:

Unit Team Member's Signature	Date
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