

Fourth Judicial District Department of Correctional Services  
Turning Point Transitional Living Home  
Referral Form

Date: \_\_\_\_\_

Offender Name: \_\_\_\_\_ ICON #: \_\_\_\_\_

Offender's Current Location: \_\_\_\_\_

Referred By: \_\_\_\_\_

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Is the offender on supervision for an assaultive offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the offender self-sufficient? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the offender unable to work due to a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Prior to confinement in jail, prison or residential correctional facility, was the offender receiving Social Security or Supplemental Security Income (SSI)?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES:** Is the offender eligible to have previously granted benefits reinstated?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a brief summary explaining why the offender is being referred to reside at the Fourth Judicial District's Turning Point Transitional Living Home:

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OFFICE USE ONLY

Date Received: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for denial: \_\_\_\_\_

Offender/PPO Notified of Placement Date: \_\_\_\_\_