

**IDAHO DEPARTMENT OF CORRECTION  
Transition Funding Request (Community Corrections)**

**Note:** This form must be completed in its entirety. An incomplete form will not be reviewed.

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

PPO Name: \_\_\_\_\_

District: \_\_\_\_\_

Offender Name: \_\_\_\_\_

IDOC #: \_\_\_\_\_

Housing:

\*Landlord: \_\_\_\_\_

Residence Address: \_\_\_\_\_

(City, State, and Zip) \_\_\_\_\_

Rent Amount: \_\_\_\_\_

Move in Date: \_\_\_\_\_

\* If the landlord is not on the IDOC's Housing Resource List, provide the landlord's billing address and phone number in the 'comments' section below.

Employment:

Is the offender employed?  Yes  No (If yes, provide details.)

Employer: \_\_\_\_\_

Emp. Business Address: \_\_\_\_\_

(City, State, and Zip) \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Comments:

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To save this form, click the 'save' button, enter a new file name, and save it in a desired location on your computer's hard drive. Once saved, email the completed form to the [treatment and housing coordinator](#).