

**IDAHO DEPARTMENT OF CORRECTION  
CAPP Rider Review and Recommendations Form**

Offender's Name	IDOC #	Date Entered CAPP	Date of Report
CAPP Case Manager's Name	E-mail Address		
Summary			
Recommendations			
(Limit to a higher level of intervention, not a specific program.)			
Date Forwarded to the Facility Program Manager:			

Offender's Name: \_\_\_\_\_

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

<b>Facility Program Manager's Review</b>		
<b>Facility Program Manager's Name</b>	<b>Recommendation</b>	<b>Date Reviewed</b>
	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	
<b>Comments</b> (Only required when not concurring with recommendations)		
<b>Date Forwarded to the CAPP Placement Coordinator:</b>		

<b>CAPP Placement Coordinator's Review</b>		
<b>CAPP Placement Coordinator's Name</b>	<b>Recommendation</b>	<b>Date Reviewed</b>
	<input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur	
<b>Comments</b> (Only required when not concurring with recommendations)		
<b>Date Forwarded to the Rider Review Committee:</b>		

<b>Rider Review Committee's Review</b>		<b>Date Reviewed</b>
<b>Recommendation</b>		
<input type="checkbox"/> Continue CAPP Treatment	<input type="checkbox"/> Traditional Rider	
<input type="checkbox"/> Therapeutic Community (TC)	<input type="checkbox"/> Relinquish Court Jurisdiction	
<b>Committee Member's Names</b>	<b>Committee Member's Names</b>	
<b>Comments</b>		
<b>Date Forwarded to the CAPP Placement Coordinator:</b>		

<b>CAPP Placement Coordinator's Final Action</b>			
<b>Date Received</b>	<b>Date Facility Program Coordinator Notified</b>	<b>Date CAPP Case Manager Notified</b>	<b>Date Court Notified</b>
<b>Comments</b>			

Offender's Name: \_\_\_\_\_

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

<b>Supplemental Information</b> (Use this section for expanding comments and/or recommendations)	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	
Prepared By:	
<input type="checkbox"/> Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Other	