

CFC PROGRAM PLAN

FACILITY: _____

LOCATION: _____

FROM (GROUP NAME): _____
ADDRESS: _____

TYPE OF MEETINGS: _____
OPEN _____ **CLOSED** _____
PROPOSED SCHEDULE:

START DATE: _____

**METHOD OF ANNOUNCING TO
INMATES:** _____

RECOMMENDED PROCEDURE FOR ATTENDANCE:

ROLE OF CFC REPRESENTATIVES:

PRIMARY CONTACTS:
INSIDE: _____
OUTSIDE: _____
(INCLUDE PHONE NUMBERS AND ALTERNATES)

LITERATURE TO BE USED:

SOURCE:

SELF-SUPPORT:

HANDLING FUNDS:

CANCELLATION PROCEDURES:

INSIDE: _____

OUTSIDE: _____

STAFF ROLES:

SINGLENES OF PURPOSE (STATE POSITION):

TRANSITION TO THE COMMUNITY & BETWEEN UNITS:

SUBMITTED BY: _____

DATE: _____

SUBMITTED TO: _____

DATE: _____