

MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU

REQUEST FOR APPROVAL OF EXCLUSIONARY CRITERIA

DATE: _____
TO: PFB Contract Manager (CORRequests@mt.gov)
FROM: _____ (select one)
(Facility/Provider Contact Name and Title) (Facility)

(Contact Address) (Contact Phone No.)
RE: Criteria Used for Offender Exclusion to Program (PFB procedure that is included in Facility Screening Policy/Procedure)

This request, along with the facility screening policy/procedure, must submitted to the Programs and Facilities Bureau for review by June 1 of each year for the next fiscal year.

Please list the facility's exclusionary criteria to be used during screening conducted during (select) .

1. Criteria:
 Approved Denied Comments:
2. Criteria:
 Approved Denied Comments:
3. Criteria:
 Approved Denied Comments:
4. Criteria:
 Approved Denied Comments:
5. Criteria:
 Approved Denied Comments:
6. Criteria:
 Approved Denied Comments:

Contract Manager Electronic Signature

Date