



| ACCOMMODATION RISK ASSESSMENT REQUEST | | | Admin Form 176 |
|---------------------------------------|----------------------------|----------------------|--------------------------|
| Version: 2.1 | Implement date: 02/07/2018 | Availability: Public | |

Refer to Practice Directive Sentence Management: Release/Discharge.

ACCOMMODATION RISK ASSESSMENT REQUEST FORM

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|---|--|----------------|--|
| Prisoner Name: | | Prisoner ID: | |
| Centre: | | Unit: | |
| <input type="checkbox"/> I am submitting a parole application (Form 29 or 28) and need to provide a name and address for an accommodation risk assessment to be completed OR <input type="checkbox"/> I have been provided with notification from sentence management that my accommodation risk assessment is unsuitable to be forwarded to the parole board OR <input type="checkbox"/> I have been provided with a letter from the parole board requesting that I provide a name and address to allow an accommodation risk assessment to be completed | | | |
| I wish to provide the following address for assessment: | | | |
| Address: | | | |
| Primary Resident: | | | |
| Telephone Number of Primary Resident: | | | |
| List of all other occupants residing at the address: | | | |
| Reason for nominating this address: | | | |
| OR | | | |
| <input type="checkbox"/> I will NOT be providing an address for purpose of an accommodation risk assessment. | | | |
| Prisoner Signature: | | Prisoner Name: | |
| Date: | | | |

PLEASE COMPLETE FORM AND SEND TO SENTENCE MANAGEMENT.