

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND  
COMMUNITY SUPERVISION

**INITIAL INTERVIEW/FINAL INDIVIDUALIZED SUPERVISION AND  
TREATMENT PLAN FOR SIST**

To be completed within 14 days of release and updated every six months thereafter.

Name:					
NYSID:					
DOB:					
			<u>Level of Concern</u>		
			High	Medium	Low
<b>1. Residence/Family Makeup:</b>	Parole Officer:				
Residence	Respondent:				
Un-domiciled					
Description: (Persons in household, dependents, names)					
<b>2. Employability/Mean of Support:</b>	Parole Officer:				
Employed	Respondent:				
Unemployed					
Description: (education, employment skills or training, employer, who can provide temporary support):					
<b>3. Health Concerns:</b>	Parole Officer:				
No Health issues noted	Respondent:				
Referral Needed					
Description: (Physical and Mental Health Issues):					

<b>4. Risk, Supervision Concerns:</b>	Parole Officer:			
Description: (pattern of criminal behavior, substance abuse, absconder, attitude regarding crime and supervision, other concerns)	Respondent:			
<b>5. Treatment Needs:</b>	Parole Officer:			
Description: (note any referrals and appointment dates)	Respondent:			
<b>6. Service Referrals:</b>	Parole Officer:			
Description: (drug/alcohol, mental health, sex offender, domestic violence, other)	Respondent:			
<b>7. Conditions of SIST and/or Release:</b>				
(attach)				
<b>8. Supervision Level/Reporting Status:</b>				
Describe: (note any special circumstances; note items such as GPS, RF, Polygraph requirements)				
<b>9. Supervision and Treatment Objectives:</b>				
(relate objectives with projected completion dates to the above supervision and treatment needs )				
<b>10. Respondent Input/Comment:</b>				
(include respondent input in planning, problem solving, and decision making)				

<b>11. Parole Handbook (if applicable):</b>			
(make available and discuss Motor Vehicle/license status, report schedule and how to contact Officer, grievance/complaint process, early discharge/termination from supervision and Certificate of Relief/Good Conduct, supervision fee obligation):			
Date:			
Signatures:	Parole Officer:		
	Respondent:		
	Senior Parole Officer:		
Copy to File and Respondent			
<b>SOURCES OF INFORMATION:</b>			
Inmate Status Report			
Community Preparation Report			
Arrival Report			
Standards of Supervisions			
Conditions of Release			
SIST Conditions/Discharge Plan			
Employment of Respondent			
Treatment Provider: Sex Offender			
Treatment Provider: Mental Health			
Treatment Provider: Substance Abuse			
Psychiatric Evaluation:			
Other: (specify):			