

# MODELING Solutions, LLC

## RMS Input form

Identification Number: (13 digit max)

Date of Birth: (ie. MM/DD/YYYY)

 /  / 

Date: (ie. MM/DD/YYYY)

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Mandatory Release Date: (ie. MM/DD/YYYY)

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**Part 1: Assessment of Offender Needs.** Select one appropriate answer. Complete all items.

1)	<b>Academic/ Vocational Skills</b>			
	<input type="checkbox"/> High School or above skill	<input type="checkbox"/> Adequate skills; able to handle everyday requirements	<input type="checkbox"/> Low skill level causing minor adjustment problems	<input type="checkbox"/> Minimal skill level causing serious adjustment problems
2)	<b>Employment</b>			
	<input type="checkbox"/> Satisfactory Employment for one year or longer	<input type="checkbox"/> Secure employment; no difficulties reported; or homemaker, student, or retired	<input type="checkbox"/> Unsatisfactory employment; or unemployed but has adequate job skills	<input type="checkbox"/> Unemployed and virtually unemployable; needs training
3)	<b>Financial Management</b>			
	<input type="checkbox"/> Long-standing pattern of self-sufficiency; e.g. good credit rating	<input type="checkbox"/> No current difficulties	<input type="checkbox"/> Situational or minor difficulties	<input type="checkbox"/> Severe difficulties; may include garnishment, bad checks or bankruptcy
4)	<b>Marital/Family Relations</b>			
	<input type="checkbox"/> Relationships and support exceptionally strong	<input type="checkbox"/> Relatively stable relationships	<input type="checkbox"/> Some disorganization or stress but potential for improvement	<input type="checkbox"/> Major disorganization or stress

5)	<b>Companions</b>			
	<input type="checkbox"/> Good support and influence	<input type="checkbox"/> No adverse relationships	<input type="checkbox"/> Associations with occasional negative results	<input type="checkbox"/> Associations almost completely negative
6)	<b>Emotional Stability</b>			
	<input type="checkbox"/> Exceptionally well adjusted; accepts responsibility for actions	<input type="checkbox"/> No symptoms of emotional instability; appropriate emotional responses	<input type="checkbox"/> Symptoms limit but do not prohibit adequate functioning; e.g. anxiety	<input type="checkbox"/> Symptoms prohibit adequate functioning; e.g., lashes out or retreats to self
7)	<b>Alcohol Usage</b>			
	<input type="checkbox"/> No interference with functioning	<input type="checkbox"/> Occasional abuse; some disruption of functioning	<input type="checkbox"/> Frequent abuse; serious disruption; needs treatment	
8)	<b>Other Drug Involvement</b>			
	<input type="checkbox"/> No interference with functioning	<input type="checkbox"/> Occasional substance abuse; some disruption of functioning	<input type="checkbox"/> Frequent substance abuse; serious disruption; needs treatment	
9)	<b>Mental Ability</b>			
	<input type="checkbox"/> Able to function independently	<input type="checkbox"/> Some need for assistance; potential for adequate adjustment; mild retardation	<input type="checkbox"/> Deficiencies severely limit independent functioning; moderate retardation	
10)	<b>Health</b>			
	<input type="checkbox"/> Sound physical health; seldom ill	<input type="checkbox"/> Physical condition or handicap interferes with functioning on a recurring basis	<input type="checkbox"/> Serious handicap or chronic illness; needs frequent medical care	
11)	<b>Sexual Behavior</b>			
	<input type="checkbox"/> No apparent dysfunction	<input type="checkbox"/> Real or perceived situational or minor problems	<input type="checkbox"/> Real or perceived chronic or severe problems	

12)	<b>Agent's Impression of Offender Needs</b>			
	<input type="checkbox"/> Minimum	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Maximum

**Part 2: Assessment of Offender Risk.** Select one appropriate answer. Complete all items.

13)	<b>Number of Address Changes in last 12 Months (prior to incarceration for parolees)</b>			
	<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two or more	
14)	<b>Percentage of Time Employed in Last 12 Months (Prior to incarceration for parolees)</b>			
	<input type="checkbox"/> 60% or more	<input type="checkbox"/> 40-59%	<input type="checkbox"/> Under 40%	<input type="checkbox"/> Not Applicable
15)	<b>Alcohol Usage Problems (Prior to incarceration for parolees)</b>			
	<input type="checkbox"/> No Interference with functioning	<input type="checkbox"/> Occasional abuse; some disruption of functioning	<input type="checkbox"/> Frequent abuse; serious disruption; needs treatment	
16)	<b>Other Drug Problems (Prior to incarceration for parolees)</b>			
	<input type="checkbox"/> No Interference with functioning	<input type="checkbox"/> Occasional abuse; some disruption of functioning	<input type="checkbox"/> Frequent abuse; serious disruption; needs treatment	
17)	<b>Attitude</b>			
	<input type="checkbox"/> Motivated to change; receptive to assistance	<input type="checkbox"/> Dependent or unwilling to accept responsibility	<input type="checkbox"/> Rationalizes behavior; negative; not motivated to change	
18)	<b>Age at First Conviction (or Juvenile Adjudications)</b>			
	<input type="checkbox"/> 24 or older	<input type="checkbox"/> 20-23	<input type="checkbox"/> 19 or younger	

19)	<b>Number of Prior Periods of Probation/ Parole Supervision (Adult or Juvenile)</b>		
	<input type="checkbox"/> None	<input type="checkbox"/> One or more	
20)	<b>Number of Prior Probation/Parole Revocations (Adult or Juvenile)</b>		
	<input type="checkbox"/> None	<input type="checkbox"/> One or more	
21)	<b>Number of Prior Felony convictions (or Juvenile Adjudications)</b>		
	<input type="checkbox"/> None	<input type="checkbox"/> One	<input type="checkbox"/> Two or more
22)	<b>Convictions for Juvenile Adjudications for:</b>		
	<input type="checkbox"/> None of the following: Burglary; Theft, Auto Theft; Robbery; Worthless Checks; or Forgery	<input type="checkbox"/> Burglary, Theft; Auto Theft; or Robbery	<input type="checkbox"/> Worthless Checks or Forgery
			<input type="checkbox"/> One or more from the previous categories
23)	<b>Convictions or Juvenile Adjudications for Assaultive Offense within the Last Five Years</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Part 3: Mental Health Problems.** Check all of the items that are commonly characteristic of the offender's behavior:

24)	<b>Self-concept problems</b>		
	<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Grandiosity	
25)	<b>Interpersonal problems with:</b>		
	<input type="checkbox"/> Peers	<input type="checkbox"/> Authority	<input type="checkbox"/> Family
26)	<b>Emotional problems:</b>		
	<input type="checkbox"/> Depression	<input type="checkbox"/> History of psychotic episodes	<input type="checkbox"/> Anxiety

27)	<b>Mental health treatment history:</b>			
	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient		
28)	<b>Destructive behavior:</b>			
	<input type="checkbox"/> Self	<input type="checkbox"/> Property	<input type="checkbox"/> Persons/assaultive	
29)	<b>Unusual behavior or Thought disorder:</b>			
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
30)	<b>Learning disability/ mental retardation:</b>			
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
31)	<b>Criminal/ antisocial value system:</b>			
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
32)	<b>Other:</b>			
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
33)	<b>Will offender be referred to Clinical Services or a Community Mental Health Agency?</b>			
	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

**Part 4: Other.** Select one appropriate answer. Complete all.

34)	<b>Primary Client Management Classification</b>				
	<input checked="" type="checkbox"/> Selective Intervention	<input checked="" type="checkbox"/> Casework/control	<input checked="" type="checkbox"/> Environmental Structuring	<input checked="" type="checkbox"/> Limit Setting	<input checked="" type="checkbox"/> Not Classified
35)	<b>Living arrangement</b>				
	<input checked="" type="checkbox"/> Alone	<input checked="" type="checkbox"/> With Spouse	<input checked="" type="checkbox"/> With Parent(s)	<input checked="" type="checkbox"/> With Child(ren)	
	<input checked="" type="checkbox"/> With Sibling	<input checked="" type="checkbox"/> With Friend(s)	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Not Reported	

36)	<b>Number of Dependents (Enter 99 if not reported)</b>				
	<input type="text"/>				
37)	<b>Making Support Payments</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
38)	<b>Need Child Care</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
39)	<b>Veteran</b>				
	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Yes, Honorable Discharge	<input type="checkbox"/> Yes, Other than Honorable Discharge	<input type="checkbox"/> Not Reported	
40)	<b>Amount of time employed</b>				
	<input type="checkbox"/> Unemployed, not looking	<input type="checkbox"/> Unemployed and looking	<input type="checkbox"/> Full-time (35-40hrs/wk)	<input type="checkbox"/> Full-time, seasonal	<input type="checkbox"/> Part-time, (20-34 hrs/wk)
	<input type="checkbox"/> Part-time (less than 20 hrs/wk)	<input type="checkbox"/> Student	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Reported
41)	<b>Months at current job (Enter 999 if Not Reported)</b>				
	<input type="text"/>				
42)	<b>Job Classification</b>				
	<input type="checkbox"/> Professional, Technical, or Managerial	<input type="checkbox"/> Clerical, Sales, or Service	<input type="checkbox"/> Farming	<input type="checkbox"/> Skilled Trade	<input type="checkbox"/> Semi-skilled Labor
	<input type="checkbox"/> Unskilled Labor	<input type="checkbox"/> Other	<input type="checkbox"/> Not Reported		
43)	<b>Current Gross Monthly Income (Wages only)</b>				
	<input type="checkbox"/> None	<input type="checkbox"/> \$1-\$199	<input type="checkbox"/> \$200-\$399	<input type="checkbox"/> \$400-\$599	<input type="checkbox"/> \$600-\$799
	<input type="checkbox"/> \$800-\$899	<input type="checkbox"/> \$1000 or more	<input type="checkbox"/> Not Reported		
44)	<b>Job Training wanted by offender</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		

45)	<b>Last Grade Completed</b>				
	<input type="checkbox"/> None	<input type="checkbox"/> <input type="text"/> 1-12 specify	<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate	
	<input type="checkbox"/> Some Graduate work	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Ungraded	<input type="checkbox"/> Special Education
	<input type="checkbox"/> Technical or Vocational School	<input type="checkbox"/> Not Reported			<input type="checkbox"/> GED or HED
46)	<b>Number of Prior Misdemeanor Convictions (Adult Only) (Enter 99 if not reported)</b>				
	<input type="text"/>				
47)	<b>Number of Previous Misdemeanor Probations (Adult Only) (Enter 99 if not reported)</b>				
	<input type="text"/>				
48)	<b>Number of Previous Felony Probations (Adult Only) (Enter 99 if not reported)</b>				
	<input type="text"/>				
49)	<b>Number of times previously released on Parole (Adult Only) (Enter 99 if not reported)</b>				
	<input type="text"/>				
50)	<b>Number of Prior Incarcerations for one year or longer in a Federal or State Institution (Adult Only) (Enter 99 if not reported)</b>				
	<input type="text"/>				
51)	<b>Payments received: Disabled Aid/Worker's Compensation</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
52)	<b>Payments received: Social Security (SSI)</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		

53)	<b>Payments received: VA Benefits)</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
54)	<b>Payments received: Unemployment Compensation</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
55)	<b>Payments received: Aid for Dependent Children</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
56)	<b>Payments received: General Relief</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
57)	<b>Payments received: Other</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported		
58)	<b>Type of admission</b>				
	<input type="checkbox"/> Pending Mandatory Release Revocation Hearing	<input type="checkbox"/> Pending Parole Revocation Hearing	<input type="checkbox"/> Pending Probation Revocation Hearing	<input type="checkbox"/> Alternative to Mandatory Revocation	<input type="checkbox"/> Alternative to Parole Revocation
	<input type="checkbox"/> Alternative to Probation Revocation	<input type="checkbox"/> New Sentence, Mandatory Release Violator	<input type="checkbox"/> New Sentence, Not a Violator	<input type="checkbox"/> New Sentence, Parole Violator	<input type="checkbox"/> New Sentence, Probation Violator
	<input type="checkbox"/> No New Sentence, Early Release Violator	<input type="checkbox"/> No New Sentence, Mandatory Release Violator	<input type="checkbox"/> No New Sentence, Parole Violator	<input type="checkbox"/> No New Sentence, Probation Violator	<input type="checkbox"/> Returned without a new violation
	<input type="checkbox"/> Temporary Probation or Parole Placement	<input type="checkbox"/> Erroneous Admission			
59)	<b>Governing index offense #1 (write description)</b>				
	None <input type="button" value="v"/>				
60)	<b>Governing index offense #2 (write description)</b>				
	None <input type="button" value="v"/>				

61)	<b>Institutional Security Level at time of release</b>				
	<input type="checkbox"/> Maximum	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium-Out	<input type="checkbox"/> Minimum-CRC	<input type="checkbox"/> Minimum
	<input type="checkbox"/> Unclassified				
62)	<b>Sex</b>				
	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
63)	<b>Age</b>				
	<input type="text"/>				
64)	<b>Admission Date for current incarceration (e.g. 02/22/2000 -- MM/DD/YYYY)</b>				
	<input type="text"/> / <input type="text"/> / <input type="text"/>				
65)	<b>Actual or Expected release Date for current incarceration (e.g. 03/24/2020 -- MM/DD/YYYY)</b>				
	<input type="text"/> / <input type="text"/> / <input type="text"/>				