

8P-S530.074
JAN 95

TRANSITIONAL SERVICES PROGRAM PLAN DCFRM
(Piggyback)

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate _____

Agency _____

Reg. # _____

TSM _____

Date _____

Expiration Date* _____

SERVICES TO BE PROVIDED

SERVICES	FREQUENCY
_____ Urine Collections (1010)	_____ per mo.
_____ Assessment (2011)	Maximum of one
_____ Individual Counseling (2010)	_____ per wk.
_____ Group Counseling (2020)	_____ per wk.
_____ Family Counseling (2030)	_____ per wk.
_____ Transportation Costs	Actual Cost Item
_____ By Contractor's Vehicle (1401)	
_____ By Common Carrier (1402)	

Special Instructions to Contractor Regarding Inmate's Treatment

TRANSITIONAL SERVICES MANAGER'S AUTHORIZATION

Printed Name

Signature

Original - Treatment Provider

Copies - CCC

- USPO

*Services authorized into the next fiscal year are dependent upon renewal or reissuance of a contractual agreement.