Drug and Alcohol Restrictive Intermediate Punishment (Levels 3 and 4)
Event History Form

Information provided by you is utilized in assessing the success and impact of D&A RIP sentences. It is very important that you record each change in level of care, treatment event and/or RIP Punishment Progress for each offender under a D&A RIP sentence in your program. The form is submitted to PCCD when an offender has successfully completed or been terminated from the program. Complete and accurate information from you is the only way that our research will be all-inclusive and provide a true picture of D&A RIP in Pennsylvania. Data may be used in policy formulation and evaluation, funding strategies, etc.

Part I: Identification *(information should be the same as recorded on the D&A RIP Dedicated Form)*

Last Name:	**Suffix (i.e. Jr.)**	**First Name:**	**Middle Initial:**

Gender: ☐Male ☐Female	**Date of Birth** (mm-dd-year)	**Race/Ethnicity**: ☐White ☐Black ☐Asian ☐Nat..Am. ☐Other ☐Hispanic	**Date of Program Placement** (mm-dd-year)
State ID Number	**Social Security Number**	**Guideline Sentencing Form Number**	**Police Photo ID Number**
Number of Months in RIP	**Termination Type:** ☐Successful ☐Unsuccessful	**Date Submitted to PCCD:** *(mm-year)*	**County**

_____ **Name of person submitting completed form**

_____ **Phone Number**

Please indicate the date and level of care in which a positive or negative event occurred and the appropriate action, if any, that was taken. For event and action codes, please see the codes list on the reverse side of this form.

Date	Level of Care	Treatment Event	RIP Progress

Internal Use Only	
ID: D ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Entered

Additional space, if needed.

Date	Level of Care	Treatment Event	RIP Progress

D&A RIP Event History Form Codes

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Level of Care (LOC)				
1A	Outpatient		3B	medically monitored treatment short-term residential
1B	intensive outpatient		3C	medically monitored treatment long-term residential
2A	partial hospitalization		4A	medically managed inpatient detox
2B	half-way house		4B	medically managed inpatient residential
3A	medically monitored inpatient detox		5A	recovery house

Treatment Event Options (TEO)				
1	drug use		5	felony drug arrest
2	alcohol use		6	felony non-drug arrest
3	failure to comply with treatment		7	treatment completed
4	misdemeanor arrest			

RIP Progress (RIPP)				
1	probation revocation initiated		6	probation/parole revoked
2	increased supervision		7	house arrest
3	increased drug monitoring		8	electronic monitoring
4	positive release from supervision		9	jail time
5	positive release from RIP		10	AWOL - more than 24 hours