



# IMMERSION PARTICIPANT STATUS INFORMATION

## Participant Information

Program Entry Date                      IMMERSION Site Location                      Employee/Volunteer(s)

First Name                                              Last Name                                              State ID/DOC ID

## Changes in IMMERSION Status

Change in Status Date \_\_\_\_\_  Temporary  Permanent  Unknown

Reason for Change in Status (check one)

### Temporary

- Reincarcerated due to Probation/Parole Violation                       Illness
- Committed to Hospital/Mental Health Facility                       Admitted to Addiction Facility
- Request for Temporary Leave
- Other Temporary Status Change \_\_\_\_\_

### Permanent

- Conviction of New Felony Offense                      Date Recidivated \_\_\_\_\_
- Relocated                       Illness
- Death                       Request for Permanent Leave
- Other Permanent Status Change \_\_\_\_\_