

Georgia Department of Corrections
Moral Reconciliation Therapy
Adult Relapse Prevention (SOPP Book)
Active Parenting
Workbook Order Request

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Step 1: Contact Consultant via email or phone to request workbooks

TO: Office of Reentry Services

FROM: _____

Site Name

Facilitator Name

Date of Request: _____

Current Counseling Programs Budget: _____

Number of Enrollments within last quarter: _____

Number of Completions within last quarter: _____

Scan Program Data Form for last quarter (Enrollments/Completions): _____

Name of Workbook Requested: _____

Number of Copies Requested: _____

Number of Current Participants: _____

Number of Groups being facilitated: _____

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Step 2: This section will be completed by staff from the Office of Reentry Services (ORS). Your Cognitive Behavioral Consultant must approve all MRT, SOPP, and Active Parenting workbook orders.

Date Order Sent to Site: _____

Method of Delivery: _____

Number of Workbooks Sent: _____

ORS Staff Signature: _____

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Step 3: This section is to be completed by the Facilitator requesting workbooks. Upon Receipt of the Workbooks, the facilitator will complete while consultant is on site.

Date Order Received: _____

Received by: _____

Number of Workbooks: _____