

RESPONSE FORM (OPTIONAL)

PROGRAM ADMINISTRATOR INFORMATION

Program Name:	
Name of Program Administrator:	
Program Office Address:	
Telephone Number:	
Fax Number:	
Email Address(es): <i>(Correspondence from the US Probation Office will primarily be via email)</i>	

FACILITY AND SERVICES INFORMATION

List each facility address and the services provided at each site, that your agency is able and interested in providing to Federal defendants and offenders. Interested agencies will only receive RFPs for services in the geographic areas they identify. Your agency does not need to provide all the services on this list, however, some services may be required by the RFP's Statement of Work (SOW).

Program Facility <i>(Facility name, complete address, primary contact, telephone number, fax number, and email address)</i>	Service(s) Provided on Site <i>(Indicate the services provided at each site by choosing "yes" or "no," using the drop-down menus to the left of each item)</i>
	Mental Health Intake Assessment and Report Sex Offense Specific Evaluation and Report Sex-Offense Specific Treatment post Conviction: Individual Counseling Sex-Offense Specific Treatment post Conviction: Group Counseling Sex-Offense Specific Treatment post Conviction: Family Counseling Sex Offense-Specific Treatment: Chaperone Training and Support Clinical Polygraph Examination and Report Maintenance/Monitoring Polygraph Examination and Report Visual Reaction Time (VRT) Measure of Sexual Interest Specialized Treatment for Pretrial Defendants Charged with a Sex-Offense: Group Treatment
	Mental Health Intake Assessment and Report Sex Offense Specific Evaluation and Report Sex-Offense Specific Treatment post Conviction: Individual Counseling Sex-Offense Specific Treatment post Conviction: Group Counseling Sex-Offense Specific Treatment post Conviction: Family Counseling Sex Offense-Specific Treatment: Chaperone Training and Support Clinical Polygraph Examination and Report Maintenance/Monitoring Polygraph Examination and Report Visual Reaction Time (VRT) Measure of Sexual Interest Specialized Treatment for Pretrial Defendants Charged with a Sex-Offense: Group Treatment

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To submit this form electronically:

1. Save the completed form to your computer. *(Note: A full version of Adobe Acrobat may be required to save this form. If you are unable to save it, print the form and mail or scan and email to the US Probation Office.)*
2. Open the document and click the "Submit" button.
3. Your default email program should open.