Enter Date

Dear Enter Participant Name,

Thank you for agreeing to participate in the OARS Program. We are confident that your involvement in the program will enhance your success in the community. A copy of the OARS Informed Consent document you signed is enclosed, please review it again as you plan for your release with your OARS team.

Your OARS case manager, Enter Case Manager Name, will contact you soon to begin planning for your release and to work on your Individualized Service Plan (ISP) with you. Your assigned Division of Community Corrections Agent, Enter Agent Name, will also be contacting you prior to your release to discuss your rules of supervision.

If you have any questions or concerns about the OARS program or about your release, I encourage you to write them down and either share them with your institution social worker or OARS case manager. We hope that your participation in OARS will be helpful as you prepare for release and work towards achieving your goals of being successful in the community.

Sincerely,

Enter OARS Program Specialist Name

OARS Program Specialist

cc: Institution Social Worker

 Community Case Manager

 DCC Agent