

Daviess County Community Corrections Screening Packet

Packet includes:

- Community Corrections Cover Sheet
- Application
- Release of Information
- Employment Agreement

Submitting Application:

Only complete applications with all required documents will be screened

- Submit Application
- Release of Information
- Employer Agreement (if employed)

**Daviess County Community Corrections
415 W Walnut St.
Washington, IN 47501
812-254-8665
812-254-8688 Fax**

Daviess County

Community Corrections Programs

The Following Forms are Attached:

- Application – To be completed by Applicant and returned at interview
- Employer Agreement – Applicant will have employer complete.
- Release of Information – To be signed by applicant and submitted by referring Agency with the referral form.

Admission Criteria:

1. Reside in Daviess County.
2. Home Detention participants must have a working land-line telephone or working cell phone at all times.
3. Work Release participants must maintain full time employment.
4. Have the ability to pay daily user fees.
5. Have no pending charges/holds in Daviess County or any other jurisdiction.
6. Have employment approved by Daviess County Community Corrections Staff.
7. Provide written verification of employment.
8. Pay all outstanding fees owed to the Daviess County Community Corrections Program.
9. Complete Application.
10. Meet with Community Corrections Staff for an interview to determine eligibility.

Transfer Out:

Offenders sentenced in Daviess County requesting to be transferred to another County must request a transfer through Daviess County Community Corrections. An application must be submitted to Staff who will collect necessary screening documents and request courtesy supervision. There will be a transfer out fee of \$25.00 which will be due prior to transfer. Work Release is not eligible for out of state transfer.

Employment:

Participants must be employed or actively seeking employment. Community Corrections may allow time for job search and reserves the right to approve or disapprove a work place and/or work environment. Prohibited employment includes anything that violates any law, where the sale or distribution of alcohol is the primary product of sale, or interferes with your supervision. Must be a legitimate business and be verifiable. **Participants CANNOT be self-employed or work for family members.** The employment cannot require overnight stays or exceed 12 hours per day. Employment must provide weekly/bi-weekly time card and payroll check.

The Community Corrections Staff reserves the right to approve or disapprove your work place and/or your work environment.

Fees:

- **Work Release:** \$13.00/day (\$91.00 weekly). All fees are due on Mondays, regardless of employment.
- **Work Release Startup:** \$216.00 (\$91 first week, \$75 baseline drug screen, \$50 initial fee).
- **Home Detention:** \$10.00 / \$13.00 a day (\$70 or \$91 weekly).
- **Home Detention Startup:** \$195.00 (\$70 first week, \$75 baseline drug screen, \$50 hookup fee).
- **In State Transfers:** \$25 per component (Work Release, Home Detention, Community Service)
- **Out of State Transfer:** \$125.00 non-refundable fee (Home Detention Only)
- **Drug Screens:** \$15.00 urine screen, \$20.00 saliva screen (additional charges may apply for specialty screens)

Participants will be responsible to pay weekly fees (including drug screens and program fees) with exact cash, money orders made payable to the Daviess County Community Corrections Department or credit card (fees will apply with card payment).

***** Startup fees will have to be paid before participant can begin program.**

If a Participant's sentence is modified or revoked, overpayments will first be applied to other open accounts and remaining balance will be returned to the Participant.

**** The information included in this packet is basic information for the Community Corrections Programs. Upon acceptance and sentencing all rules and regulations will be explained.**

For questions or for further assistance call: 812-254-8665

The Sentencing Judge or Daviess County Community Corrections Staff May Exclude You From The Community Corrections Programs For Any Reason Deemed Appropriate.

Please print legibly in black ink.

CC USE ONLY: SCREEN FOR: <input type="checkbox"/> WORK RELEASE <input type="checkbox"/> HOME DETENTION					
Name:			Telephone#:		
Address:					
City:		State:		Zip:	
SSN#:		Date of Birth:	Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height:	Weight:		Eyes:		Hair:
Race:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	Ethnicity Hispanic:	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Japanese	<input type="checkbox"/> White	<input type="checkbox"/> Yes	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other Race			<input type="checkbox"/> No	
Scars/marks/tattoos:			U.S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			Number of Dependents:		
Are you required to pay child support and/or restitution:		Weekly amount due:	Is your payment deducted from your pay check:		
Do you have a valid driver's license:		License #:		Exp. Date:	
If no what is your license status:					
Make, Model Color of vehicle:			If no license what will be your mode of transportation:		
Highest Grade of School Completed:			Year Graduated:		
Do you have a G.E.D.:			Are you interested in a G.E.D.:		
Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Retired					
Name of Employer:					
Employer Address:					
Work Start Date:		Work Schedule:		# of Hours per Week:	

Hourly Wage:		Pay Frequency:		Gross Earnings:	
Name of Supervisor:					
Supervisor's Phone #:					
Are you currently under a Physician's care:			Physicians Name:		
			Physicians Phone#:		
If yes, please explain:					
Are you taking prescription medication's:			Are you currently attending an AA or NA program:		
If yes, list medications prescribed to you:			If yes, where and when:		
Chemically Dependent:	Yes:	No:	Drug/s of Choice:		
What offense(s) are you currently charged with:					
Who is your Attorney:					
Attorney's Phone #:					
Are you currently on Probation or Parole:			Do you have any pending charges/cases:		
If yes, who is your Probation or Parole Officer:			If yes, explain:		
Phone#:					
Mother's Name:		Address:		Phone#:	

Father's Name:	Address:	Phone#:
Spouse / Significant Other Name:	Address:	Phone#:
Child's Name:	Child's Name:	
Age:	Age:	
Child's Name:	Child's Name:	
Age:	Age:	
Emergency Contact Name:	Emergency Contact Name:	
Relationship:	Relationship:	
Phone:	Phone:	
Do you have any prior escape charges:	Who will be living in your residence while on the program:	
<p>I certify that the information I have provided is true and correct. I have submitted this application for screening by DCCC Staff. Submission of this application signifies my request to be a Participant in the Work Release Program or Home Detention Program.</p> <p>Signature of Applicant: _____ Date: _____</p>		

Note: I understand that violation of the order for the Work Release/Home Detention Program may subject me to prosecution for the crime of Escape, a Class D Felony under I.C. 35-44-3-5

**PROVIDING FALSE INFORMATION WILL DISQUALIFY YOU FROM ANY CONSIDERATION FOR
WORK RELEASE OR HOME DETENTION
Daviss County Community Corrections
415 W Walnut St.
Washington, Indiana 47501
(812) 254-8665**

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, _____, HEREBY CONSENT
(Cause Number)

TO RECIPROCAL COMMUNICATION BETWEEN DAVIESS COUNTY COMMUNITY CORRECTIONS AND THE FOLLOWING:

- | | |
|-------------------------------------|---|
| 1. DAVIESS SUPERIOR COURT | 6. DAVIESS COUNTY SHERIFF'S DEPARTMENT |
| 2. DAVIESS CIRCUIT COURT | 7. ATTORNEY OF RECORD |
| 3. DAVIESS COUNTY PROSECUTOR | 8. SENTENCING COURT |
| 4. DAVIESS COUNTY PROBATION | 9. OTHER _____ |
| 5. CURRENT EMPLOYER | _____ |
| | _____ |

The purpose and need for disclosure is to inform the above entities of my attendance, progress, and attitude toward my evaluation and required treatment, education or both in accordance with the court program's monitoring requirement. The extent of necessary information to be disclosed includes:

- | | |
|--------------------------------|--------------------------------------|
| 1. ASSESSMENT/DIAGNOSIS | 6. DISCHARGE/COMPLETION |
| 2. ATTENDANCE | 7. PROBABLE CAUSE AFFIDAVIT |
| 3. PROGNOSIS | 8. PRE SENTENCE INVESTIGATION |
| 4. PROGRESS NOTES | 9. OTHER _____ |
| 5. TREATMENT PLAN | _____ |
| | _____ |

I understand and agree that I am subject to an assessment under the Indiana Risk Assessment System as a condition of my participation in Daviess County Community Corrections Programs. I hereby authorize staff to enter results of the assessments conducted during my participation in Daviess County Community Corrections Programs in the Indiana Risk Assessment System database. I understand that the results of the assessment conducted during my participation in Daviess County Community Corrections Programs are accessible by any authorized Indiana Risk Assessment System database user in connection with his or her official duties.

I understand that this consent will remain in effect and cannot be revoked by me until, there has been a formal and effective termination of my involvement with Daviess County Community Corrections Programs for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of Daviess County Community Corrections Program requirements or upon sentencing for violation of the terms of my Daviess County Community Corrections Program involvement.

(CLIENT SIGNATURE)

(DATE)

(STAFF WITNESS)

(INTERPRETER)

(CLIENT DATE OF BIRTH)

(CLIENT SOCIAL SECURITY NUMBER)

(A PHOTOCOPY OF THIS COMPLETED FORM SHALL BE AS VALID AS THE ORIGINAL)

*LINES LISTED AS OTHER MUST BE FILLED IN OR CROSSED OUT AT THE TIME OF SIGNING.

Daviess County Community Corrections Employer's Work Agreement

Keep this document for your records.

Daviess County Community Corrections Program Policies Are As Follows:

1. All wages earned by the participant in the Community Corrections Program shall be paid to the participant. No loans or advance payments may be given to the participant.
2. A participant must receive wages commensurate with those received by comparable workers.
3. Failure of a Participant to perform his work task in a satisfactory manner or failure of a Participant to attend work shall be reported to the Community Corrections Staff.
4. While employed, the Participant shall be covered by the employer's insurance and/or Workman's Compensation Insurance as required by law; Community Corrections is not liable for any claim.
5. Work time cannot exceed 12 hours per day.
6. Participants whose employment requires more than one job site per shift must have an employer that will provide documentation verifying the Participants location throughout their shift on a daily basis.

What Daviess County Community Corrections Staff will request from you, the employer:

1. **Furnish pay stubs that include pay period dates, hours worked and pay rate.**
2. Provide work performance information upon request.
3. Notify DCCC Staff of all positive alcohol and drug tests.
4. Notify DCCC Staff immediately of any absences, tardiness and/or disciplinary action including terminations.
5. Allow DCCC Staff the ability to verify attendance via phone and on site checks.
6. Notify DCCC Staff if a Work Release/Home Detention Participant leaves the worksite without DCCC Staff approval.

Contact Information:

Phone: 812-254-8665

Fax: 812-254-8688

**Mail: Daviess County Community Corrections
415 W Walnut St.
Washington, IN 47501**

**Please complete the attached form and return to Daviess County
Community Corrections via fax or mail.**

Daviness County Community Corrections Employer's Work Agreement

I, _____, understand that _____ is currently supervised by the Daviness County Work Release or Home Detention Program and that he/she must comply with the rules and regulations of the program. I have received a copy of the Employer's Work Agreement that outlines policies and expectations of Participants and employers.

Signature: _____
(Position/Title)

Company Name: _____
If working through a employment agency note actual work site company name

Actual Work Site Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Direct Supervisor: _____

Start Date: _____ Part-Time: _____ Full-Time: _____

Scheduled Work Hours: _____
Please be specific

Number of Hours/Week: _____ Hourly Wage: _____

Frequency & day of pay: _____
Example: Bi-weekly Friday; Weekly - Monday

First Pay Date: _____

If employment is through an employment agency please note agency name and contact number:

Temp Agency Name: _____ **Phone:** _____

Community Corrections Staff Use Only:

Date of Phone Verification: _____ Date of on-site Check: _____