

Whitley County Community Corrections

Home Detention Residential Work Release Screening Packet

Packet includes:

- Cover sheet for Home Detention
- Cover sheet for Work Release
- Application
- Release of Information
- Employer Agreement

Submitting Application:

ONLY COMPLETED APPLICATIONS with ALL required documents will be screened

- Submit Application (Indicate which program you are requesting)
- Release of Information
- Employer Agreement (if employed)

Individuals requesting Home Detention or Residential Work Release with an outstanding Community Corrections balance will be placed on Restricted Status and ineligible for passes until in compliance. Restricted Status allows participants to report to work and Court ordered programming only. Prior balance and recommendation for Restricted Status will be included on Screening Report. Report will also request the Court to consider applying any remaining bond to past due fees

Upon entering the Whitley County Community Corrections Home Detention or Residential Work Release Program you are required to notify staff of any medical condition(s) you may have. Participants are responsible for their own medical care while sentenced to any Community Corrections Program. Participants shall not consume medication of any type that has not been approved by staff. If a medication is prescribed, do not fill the prescription or take any medication before getting approval to do so. All prescriptions are to be filled by: Genoa, a QoL Healthcare Company #20122, 850 Harrison Room #230 Warsaw, IN 46580. Phone: (574) 306-4455, Fax Line: (574) 267-2610

WHITLEY COUNTY HOME DETENTION APPLICATION

The Following Forms are Attached:

- Home Detention Application – To be completed by Applicant and returned for eligibility screening.
- Employer Agreement – Applicant must have employer complete.
- Release of Information – To be signed by applicant and submitted by referring agent with the referral form.

Admission Criteria:

1. Residence in Whitley County.
2. Have a working land-line telephone at residence by an approved provider.
3. Have the ability to pay daily user fees. Any person earning \$9.99/hour or less will pay \$7.00 per day. Any person earning an amount greater than \$9.99/hour will pay one hours wage per day. For Electronic Monitoring/GPS the minimal fee is \$12.00 per day. Any transfer-in case must pay the daily fee of referring county or Whitley County's fee, which ever is greater.
4. Have no pending charges/holds in Whitley County or any other jurisdiction.
5. Have employment approved by the Whitley County Home Detention Supervisor.
6. Provide written verification of employment.
7. **Pay all outstanding fees owed to the Whitley County Community Corrections Program. Failure to do so may impact your eligibility for the program.**
8. Complete Home Detention Application.
9. Transfer cases must be able to pay \$250 prior to the transfer.

****Any person transferring into Whitley County must pay in advance for the first 30 days of supervision and continue to make weekly payments. The Courtesy Supervision cannot exceed one (1) year.**

Fees:

Supervision fees are to be paid one week in advance.

“Compliance Status” = One week of supervision fees paid in advance; all other Community Corrections accounts have a 0 balance.

Those Participants not in “compliance” will adhere to the following:

- Participants will submit 75% of net pay until they are in compliance.
- Payments will be applied to Current Accounts first; until they have 0 balance; then payments will be applied to past due accounts.

Home Detention participants may be returned to residential work release status for failure to pay fees.

Participants will be subject to random drug testing at a fee of \$20.00 per test and actual cost for specialized screens which exceed \$20. Participants will be responsible to pay weekly/biweekly fees with cash or money order to the Whitley County Community Corrections Department.

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, involving the sale or distribution of alcohol, or interferes with your supervision by Home Detention personnel. The employment cannot require overnight stays or exceed 12 hours per day or 60 hours per week. The employment must be located in Whitley, Noble, Kosciusko, Huntington, Wabash or Allen County.

WHITLEY COUNTY RESIDENTIAL WORK RELEASE APPLICATION

Application Process:

Prior to being admitted to the Work Release Program your application will need to be screened and pre-approved by the Whitley County Community Corrections Screening Committee. Your application will NOT be screened until you have submitted all required documents.

When you have completed your steps your application will be forwarded to the Screening Committee. The Committee meets weekly to screen applicants. It is important that your application is screened PRIOR to your court date. Failure to complete your steps in a timely manner may hinder or prevent your ability to have your application screened prior to court. Upon acceptance or denial the Work Release Staff will file the outcome with the court.

Applicants must submit the following:

- Completed Work Release Application
- Completed Employer notification/agreement form
- Completed Release of Information
- A recent Pay Stub

INCOMPLETE APPLICATIONS WILL NOT BE SCREENED

Admissions Criteria:

1. Mental/physical health must allow for the participant to function within the Work Release Program and maintain full time employment.
2. Must have been convicted of a crime in adult court and/or found in contempt of court.
3. Have no convictions for "crime of violence" as defined by IC 35-50-1-2; murder, attempted murder, voluntary manslaughter, involuntary manslaughter, reckless homicide, aggravated battery, kidnapping, robbery, burglary, operating a vehicle while intoxicated causing death, operating a vehicle while intoxicated causing serious bodily injury to another person, child exploitation, resisting law enforcement as a felony, and unlawful possession of a firearm by a serious violent offender.
4. Have no escape convictions; unless waived by the sentencing Judge.
5. Have no convictions for sex crimes as defined by IC 35-42-4 et. seq.
6. If applicant has been convicted of a Drug Dealing/Manufacturing Offense he/she will only be eligible for consideration after one-quarter of his/her executed sentence is served unless waived by sentencing Judge.
7. Have no holds in Whitley County or any other jurisdiction willing to extradite.
8. Have employment approved by the Whitley County Work Release Administrator.
9. Have no active Protection or No Contact Orders in relation to a battery/domestic battery offense.

Drug/Alcohol Testing:

If approved for work release you will submit to drug and alcohol testing at intake. All screens must be negative or you will be denied entrance and returned to the Whitley County Jail. The only exception will be those who have a positive screen as the result of a current NON-NARCOTIC prescription that was submitted at intake. **Narcotic medications are prohibited while on work release; those testing positive for a narcotic medication at intake will be denied.** Participants will be charged \$20 per standard screen and actual cost for specialized screens which exceed \$20.

Transfer In / Out:

Offenders requesting to serve a sentence from any County other than Whitley will be assessed a \$250.00 transfer in fee. The fee is due in full **PRIOR** to intake.

Offenders sentenced in Whitley County requesting Work Release in another County must request a transfer through Whitley County Work Release. An application must be submitted to Work Release Staff who will collect necessary screening documents and request courtesy supervision. There will be a transfer out fee of \$250.00 which will be due **PRIOR** to transfer.

Fees:

- **Standard Work Release:** Fees are 20% of your net pay or \$18.00 per day which ever is greater.
- **Work Release with GPS** \$25.00
- **Supervision Only Work Release (serving less than 30 days):** Fees are \$20.00 per day; and an intake fee of \$50.00.
All Supervision Only fees are due in full PRIOR to intake
- **Community Transition Participants (CTP):** Fees are \$9.00 per day.
- **Transfer Fee:** \$250.00 transfer in or out; fee is due in full **PRIOR** to intake.
- **Urine Screens:** Residential Work Release Participants will be charged \$20 per standard screen and actual cost for specialized screens which exceed \$20.

Supervision fees are to be paid one week in advance.

"Compliance Status" = One week of supervision fees paid in advance; all other Community Corrections accounts have a 0 balance.

Those Participants not in "compliance" will adhere to the following:

- Participants will submit 75% of net pay until they are in compliance.
- Payments will be applied to Current Accounts first; until they have 0 balance; then payments will be applied to past due accounts.

If a Participant is released unsuccessfully overpayment of fees are non-refundable. If a Participant's sentence is modified overpayments will first be applied to other open accounts and remaining balance will be returned to the Participant.

Participant Employment:

Prohibited Employment:

1. Employment that violates any law.
2. Employment where alcohol is the primary product of sale or distribution.
3. Employment requiring overnight stays, or unusually long hours.
4. Employment site located more than 30 miles from the Work Release Facility.
5. Employment that interferes with supervision by the work Release Staff.
6. Employment that does not provide weekly/bi-weekly payroll check.
7. Employment that is owned / operated by family.
8. Employment that requires **ANY** changes in work site location. Work Release Participants must secure employment that allows them to remain at **ONE** job site through out their stay in the Facility.

Exceptions may be approved by the Work Release Administrator or Screening Committee. GPS at an additional fee may be required if approved to move locations.

Supervision Only Work Release:

Participants entering the programs with less than 30 days to serve will be placed on "*Supervision Only*" status. Supervision Only Participants must be found eligible by the screening committee, be employed, and **pay all user fees in full PRIOR to intake.** Supervision Only Participants will remain on room restriction throughout their stay. They will have no access to phones, common

areas or commissary items other than hygiene. Passes will be given for work, Court ordered programming and medical ONLY. Case Management services and in house programming will be provided only as needed. Supervision Only Participants must be employed at intake and maintain employment throughout their stay. Failure to maintain employment will result in immediate termination from the program.

Authorized Property List:

- 10 shirts/blouses/sweaters
- 8 slacks, shorts, skirts
(refer to dress code)
- 3 sweat pants or sweat shorts
- 8 underwear or long underwear bottoms
- 8 undershirts or long underwear tops
- 8 pairs of socks/panty hose
- 4 bras (female)
- 2 pajamas
- 3 pairs of shoes (1 work / 2 personal)
- 1 pair of shower shoes
- 1 coat
- 3 suits/dresses
- 2 coveralls
- 2 caps or hats
- 1 pair of gloves
- 1 belt
- 1 electric razor
- 1 hair dryer
- 1 curling iron
- 1 alarm clock
- 4 books including religious books,
substance abuse treatment books

For questions or for further assistance call: 260-248-3113

The Sentencing Judge, Work Release Administrator, Or The Screening Committee May Exclude You From The Work Release Program For Any Reason Deemed Appropriate.

*****APPLICANT: Retain pages 1 through 5 for your records.**

RETURN pages 7 through 12 to Whitley County Community Corrections.

THIS application must COMPLETED and ALL SIGNATURE LINES SIGNED BY YOU before the screening process will begin. If you have any questions, please call: 260-248-3113.

Applications are screened once a week. Please allow at least two weeks to process your request.

(this page left blank intentionally)

| WORK RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO WR Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO County _____ | | HOME DETENTION <input type="checkbox"/> YES <input type="checkbox"/> NO HD Transfer <input type="checkbox"/> YES <input type="checkbox"/> NO County _____ | |
|--|--|---|------------------------------|
| Last Name: _____ | | Land Line Phone#: _____ | |
| First Name: _____ | | Must Have An <u>APPROVED</u> Landline Prior To Home Detention Placement. | |
| Middle Initial OR Name: _____ | | Cell Phone #: _____ | |
| | | Cell Phone Provider: _____ | |
| Address: _____ | | | |
| City: _____ | | State: _____ | Zip: _____ |
| SSN#: _____ | | Date of Birth: _____ | Age: _____ |
| | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Height: _____ | Weight: _____ | Eye color: _____ | Hair color: _____ |
| 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"/> Yes |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other Race | <input type="checkbox"/> White | <input type="checkbox"/> No |
| Description of scars/marks/tattoos: _____ | | U.S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If yes, which branch? (please circle) | |
| | | <i>Air Force / Army / Coast Guard / Navy / Marines</i> | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced | | Number of Dependents: _____ | |
| Are you required to pay child support: <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekly amount due: \$ _____ | Is your payment deducted from your pay check: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No | License #: _____ | Exp. Date: _____ | |
| If no what is your license status: _____ | State Issued from: _____ | | |
| Do you request to drive your vehicle to and from work: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: | Insurance Co. _____ | | |
| Make of vehicle: _____ | Policy # _____ | | |
| Model of vehicle: _____ | <i>(you will need to provide a copy of your current ins. card)</i> | | |
| Color of vehicle: _____ | | | |
| Highest Grade of School Completed: _____ | | Year Graduated: _____ | |
| Do you have a G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you interested in a G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 | | | |
| If unemployed do you have the ability to pay daily programming fees? † <input type="checkbox"/> Yes † <input type="checkbox"/> No | | | |
| 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 medications: Must Have An <u>APPROVED</u> Landline Prior To Home Detention Placement. | | 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 #: | | | |
| 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: |
| Give the names, relationships and phone numbers of two people who would recommend you for Work Release or Home Detention: | |
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Why would you be a good candidate for the Work Release or Home Detention: | |
| <p>I certify that the information I have provided is true and correct. I have submitted this application for screening by the Screening Committee. Submission of this application signifies my request to be a Participant in the Work Release Program or Home Detention Program.</p> | |
| Signature of Applicant: | Date: |

Note: it is a Level 5 Felony if you fail to report to the work release center when required.

PROVIDING FALSE INFORMATION WILL DISQUALIFY YOU FROM ANY CONSIDERATION FOR RESIDENTIAL WORK RELEASE OR HOME DETENTION

**Whitley County Community Corrections
351 W. Plaza Drive
Columbia City, Indiana 46725
(260) 248-3113**

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

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

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

- | | |
|--|---|
| 1. WHITLEY SUPERIOR COURT | 6. WHITLEY COUNTY SHERIFF'S DEPARTMENT |
| 2. WHITLEY CIRCUIT COURT | 7. ATTORNEY OF RECORD |
| 3. WHITLEY COUNTY PROSECUTOR | 8. SENTENCING COURT |
| 4. WHITLEY COUNTY SUPERIOR COURT ALCOHOL AND DRUG PROGRAM | 9. CURRENT EMPLOYER |
| 5. WHITLEY COUNTY PROBATION | 10. OTHER _____ |

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 Whitley County Community Corrections Programs. I hereby authorize staff to enter results of the assessments conducted during my participation in Whitley County Community Corrections Programs in the Indiana Risk Assessment System database. I understand that the results of the assessment conducted during my participation in Whitley 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 Whitley County Community Corrections Programs for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of Whitley County Community Corrections Program requirements or upon sentencing for violation of the terms of my Whitley County Community Corrections Program involvement.

(CLIENT SIGNATURE)

(DATE)

(STAFF WITNESS)

(INTERPRETER)

XXX - XX -

(CLIENT DATE OF BIRTH)

(Last 4 Digits of 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.**

Whitley County Community Corrections Residential Work Release Employer's Work Agreement

**Please complete and return to the
Work Release Facility via fax or mail.**

Contact Information:

Phone: 260-244-2313

Fax: 260-244-2318

**Mail: Whitley County Community Corrections/Residential Work Release
351 West Plaza Drive
Columbia City, IN 46726**

Whitley County Work Release Program Policies Are As Follows:

1. All wages earned by a participant in a 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. Paystub's documenting pay period, hours worked and rate of pay must be issued to the participant.
4. While employed, the Participant shall be covered by the employer's insurance and/or Workman's Compensation Insurance as required by law.
5. Participants' job sites must be within 30 miles of the Work Release Facility.
6. Participants are required to report to and stay at ONE location per shift unless approved in advance by the screening committee. Those approved to move locations must provide Community Corrections Staff with the location of all job sites prior to signing out of the facility.
7. The schedule outlined by the employer on the Employer Agreement will be the participants approved work schedule. Any need for the Participant to work outside of those hours will be considered overtime. All overtime must be pre-approved by assigned work release staff.

What Whitley County Work Release 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 WCWR Staff of all positive alcohol and drug tests.
4. Notify WCWR Staff immediately of any absences, tardiness.
5. Notify WCWR of disciplinary action including terminations.
6. Allow WCWR Staff the ability to verify attendance via phone and on site checks.
7. Notify WCWR Staff if a participant leaves the worksite without WCWR Staff approval.

**I, _____, understand that _____
is currently supervised by the Whitley County Work Release 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:

Title:

Date:

Whitley County Residential Work Release Employer's Work Agreement

*****MUST BE COMPLETED BY EMPLOYER*****

| | | | | | | | |
|--|---------------|-----------------------|---|--|---|-----------------------------------|---------------|
| Participant Name: <i>(please print)</i> | | | | | | | |
| Company Name: <i>(if working through an employment agency note actual work site company name)</i> | | | | | | | |
| Actual Work Site Address: | | | | | | | |
| City: | | | State: | | | Zip: | |
| Direct Supervisor: | | | | | | Phone: | |
| After Hours Contact: | | | | | | Phone: | |
| Start Date: | | | Part-Time: Number of hours: | | Full-Time: Number of hours: | | |
| Schedule: | | | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Start Time: | | | | | | | |
| End Time | | | | | | | |
| First Pay Date: | | Pay Rate: | | Pay Frequency: (Weekly/Bi-Weekly) | | Pay Day: (M,T,W,TH,F,S,SU) | |
| If employment is through an employment agency please note agency name and contact number: | | | | | | | |
| Agency Name: | | | | Phone: | | | |
| Community Corrections Staff Use Only: | | | | | | | |
| Date of phone verification: | | | | Date of on-site check: | | Travel Time: | |
| Date Received | | Scanned / Date | | Employment Coord. / Date | | Case Manager / Date | |

4-10-18