

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:

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

Failure to fully complete the application may delay the
screening process.

Please read all the instructions carefully.

- **Unemployed participants reporting to the Whitley County Community Corrections Residential Work Release Program will not begin job seeking until Day10 of program.**
- This will allow participants to:
 1. Thoroughly complete the intake process
 2. Become familiar with rules and best practices
 3. Participate in employment class
 4. Complete assessments
 5. Coordinate appointments
 6. Partake in Community Service (if Ordered by the Court)

Individuals requesting Home Detention or Residential Work Release with an outstanding Community Corrections balance will be placed on *Restricted Status* and are ineligible to apply for passes until compliance is met.

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 may 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 having 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: (574) 267-2610**

WHITLEY COUNTY HOME DETENTION APPLICATION

The Following Forms are Attached:

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

Home Detention Admission Criteria:

1. Residence in Whitley County.
2. 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 hour's 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.
3. Have no pending charges/holds in Whitley County or any other jurisdiction.
4. Have employment approved by the Whitley County Home Detention Supervisor.
5. Provide written verification of employment.
6. **Pay all outstanding fees owed to the Whitley County Community Corrections Program. Failure to do so may impact your eligibility for the program.**
7. Complete Home Detention Application.
8. Transfer cases must be able to pay \$250 prior to the transfer**.
9. A landline telephone may be required at the discretion of the Home Detention Supervisor.

****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 zero 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, money order, debit or credit card to the Whitley County Community Corrections Department. Debit and Credit card payments will have a service fee in addition to the payment. The amount of the service fee will depend on the amount of the payment. The service fee is handled and retained by AllPaid/GovPay Money Services.

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 workplace 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 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 be screened and pre-approved by the Whitley County Community Corrections Screening Committee. Your application may be delayed until you have submitted all required documents.

When you have completed the application, please return it to Whitley County Community Corrections to be processed and presented to the Screening Committee. The Committee meets weekly to screen applicants. The meeting is a closed-door process. Whitley County does not require the applicant to attend the screening session.

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 processed prior to your Court hearing. 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. Have **no** convictions (unless waived by the Court) for a "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 Motor Vehicle While Intoxicated Causing Death~, Operating a Motor 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.
3. Have **no** Escape Convictions, unless waived by the sentencing Judge.
4. Have **no** convictions for Sex Crimes as defined by IC 35-42-4 et. seq.
5. 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.
6. Have **no** holds in Whitley County or any other jurisdiction willing to extradite.
7. Have employment approved by the Whitley County Work Release Administrator.
8. **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 **may** 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.**

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 from the desired County. There will be a transfer out fee of \$250.00 which will be due **PRIOR** to transfer.

Fees:

- **Standard Work Release:** \$28.00 per day.
- **Work Release with GPS** \$28.00 daily fee + \$7.00 for GPS device = \$35.00
- **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 urine screens are included in their daily fee. They will only be charged when the cost for specialized screens exceed \$20.00.

Two weeks of supervision fees MUST be paid prior to intake (\$392.00 for Standard WR).

If the two-week advance is not paid, the participant will be placed on Financial Restrictive Status (FRS) at intake. FRS will inhibit participants to purchase Commissary exceeding \$40.00. FRS also carries further restrictions throughout the facility.

Those Participants entering the program with prior Community Corrections account balances will adhere to the following:

- Participants will submit 75% of net pay until compliance is met.
- 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 (Restitution, Probation, Court Fees); the remaining balance will be returned to the Participant.

Participant Employment:

Prohibited Employment:

1. Employment that violates any law.
2. Employment that allows periods without supervision.
3. Employment where alcohol is the primary product of sale or distribution.
4. Employment requiring overnight stays or unusually long hours.
5. Employment sites located more than 30 miles from the Residential Work Release Facility.
6. Employment that interferes with supervision by the Residential Work Release Staff.
7. Employment that does not provide weekly, bi-weekly payroll checks with all applicable taxes deducted.
8. Employment that is owned/operated by participant or family of participant.
9. Employment that requires **ANY** changes in worksite location. Residential Work Release participants must secure employment that allows them to remain at **ONE** job site throughout 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:

- | | | |
|-------------------------------------|--------------------------|-------------------------------|
| • 12 Tops (shirts/blouses/sweaters) | • 2 pajamas | • 1 pair of gloves |
| • 12 Bottoms | • 3 pairs of shoes | • 1 belt |
| (pants/shorts/leggings/sweats) | • (1 work / 2 personal) | • 1 electric razor |
| • 8 underwear | • 1 pair of shower shoes | • 1 hairdryer |
| • 8 undershirts | • 1 coat | • 1 curling iron |
| • 8 pairs of socks/panty hose | • 2 caps or hats | • 4 books including religious |
| • 4 bras (female) | | 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 6 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.

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: _____ First Name: _____ Middle Initial OR Name: _____		Land Line Phone#: _____ Must Have An <u>APPROVED</u> Landline Prior To Home Detention Placement. 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 <input type="checkbox"/> Chinese <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other Race <input type="checkbox"/> White		Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Description</u> 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) <u>Air Force / Army / Coast Guard / Navy / Marines</u>	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Number of Dependents: _____		Religious Preference: _____	
Are you required to pay child support: <input type="checkbox"/> Yes <input type="checkbox"/> No		Weekly amount due: \$ _____ Is your support payment deducted from your paycheck: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No If no what is your license status: _____		License #: _____ Exp. Date: _____ State Issued from: _____	
Do you request to drive your vehicle to and from work: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Make of vehicle: _____ Model of vehicle: _____ Color of vehicle: _____		Insurance Co. _____ Policy # _____ <i>(you will need to provide a copy of your current insurance card)</i>	
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's 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 currently attending an AA or NA program? If yes: Location: _____ Day(s) of Week: _____ Time: _____		
Are you taking prescription medications***: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medications prescribed to you:		
*** This includes <u>Suboxone</u> or <u>Methadone</u> (or the generic of either) YOU MUST Provide a <i>NEGATIVE Drug Screen</i> upon admission to the Work Release Facility (see pages 4 and 5 of instructions)		
Chemically Dependent:	Yes:	No:
Drug(s) of Choice:		
What offense(s) are you currently charged with:		
Who is your Attorney: Attorney's Phone #:		
Emergency Contact Name:		Emergency Contact Name:
Relationship:		Relationship:
Phone:		Phone:

Why would you be a good candidate for the Work Release or Home Detention:

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.

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 Program 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 46725**

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. Participants must have access to a landline phone to verify their location when arriving at work and leaving work.
8. 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 Community Corrections Residential Work Release Program 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: hours:		Number of		Full-Time: hours:
							Number of
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)	
Breaks: (Paid/Unpaid)		How long:		If scheduled, what time(s):		Breakroom Available: (Yes/No)	
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	