



HOME INVESTIGATION REPORT

Name: _____ Date: _____
 Completed by: _____ DOC number: _____
 Sponsor name: _____ Committee meeting date: _____
 Address: _____ City: _____ Zip: _____
 County: _____ Email: _____
 Home phone: _____ Cell phone: _____
 Interpreter needed: Yes No Language: _____

ENVIRONMENT
Residence type and layout
Neighborhood assessment (bus line/resources)
Adults residing in home
Children in home (names and age)
Safety concerns (pets, weapons, alcohol, drugs)

SPONSOR INTERVIEW
Relationship:
How do you see yourself assisting the participant with transition?
What strengths do you believe this individual has?
What do you see as their challenges?
What concerns do you have if this individual lives with you?
What family and community support exists for this individual?

PARENTING

What did the individual's parenting consist of before incarceration?

What does the child(ren) think or say about the individual's criminal behavior?

What are your parenting expectations?

How will you help the individual with parenting?

What is the individual's weaknesses?

How has the individual's incarceration directly/indirectly affected the children?

Does the child(ren) have any issues in school?

CHEMICAL DEPENDENCY

MENTAL HEALTH

EDUCATION/EMPLOYMENT

CRIMINAL HISTORY

ASSESSMENT/RECOMMENDATION

How has the incarceration period directly or indirectly affected those supporting this individual?

Issues or concerns observed in the home?

Recommendation

Case manager

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Parenting Program Manager, if applicable **COPY** - Case manager file