



ELECTRONIC HOME MONITORING SCREENING

Community Parenting Alternative

Name: _____ DOC number: _____

County of release: _____ Earned Release Date: _____

County of origin and why you will not be returning (e.g., no support, family in different county):

SPONSOR INFORMATION

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Cell phone: _____

Number of dogs: _____ Type(s): _____

Household member: _____ Relationship: _____ Age: _____

Household member: _____ Relationship: _____ Age: _____

Resources available for individual upon release:

CHILDREN - Use additional paper if needed

Name (Last, First, Middle) Date of birth Sex Biological or step child?

Person caring for child Phone number

Address

Name (Last, First, Middle) Date of birth Sex Biological or step child?

Person caring for child Phone number

Address

Name (Last, First, Middle) Date of birth Sex Biological or step child?

Person caring for child Phone number

Address

Explain your relationship with your child(ren):

Yes No For the last 12 months prior to your incarceration, did you participate with the parenting of your child(ren)? Explain:

Yes No Is there any previous Child Protective Services (CPS) history with your child(ren)? Explain:

Yes No Do you have an OPEN of current CPS? If yes, list the name and county of the social worker assigned to your case:

Yes No Is your child(ren) currently visiting you? If no, explain why:

Yes No Is there a current Parenting Plan in place for your child(ren)? If yes, provide name and contact information for the other parent:

Yes No Are you currently married? If yes, provide spouses name and date of birth:

Yes No Are you currently involved in a relationship? If yes, provide name and date of birth of the person you are in a relationship with and explain the status of that relationship:

Yes No Do you have a domestic violence history, either as victim or perpetrator? If yes, explain the circumstances:

Yes No Do you have any no-contact orders? If yes, explain:

Yes No Are there chemical dependency issues? If yes, answer the following:

What is your drug of choice? _____

At what age was your first use? _____

What other drugs have you used in the past? _____

What is your longest period of clean time and when? _____

What do you believe was going 'right' in your life that contributed to your sobriety?

What circumstances contributed to your drug use?

What was your method of use? _____

When was your last use? _____

List the times you have participated in treatment and if you completed each program:

When you used, where were your children? _____

Yes No Are you currently participating the therapeutic community? If yes, who is your Chemical Dependency Provider (CDP)?

List any medical or mental health concerns:

Yes No Are you currently taking medication? If yes, are you required to go to med-line daily or do you have KOP medication? _____

Yes No Do you have a history of 'Non-Compliance' with your medication? If yes, explain:

Yes No Did you receive your high school diploma? If no, what was the highest level completed and briefly explain why:

Yes No Did you receive your General Education Development (GED)?

List employment history:

Yes No Were you employed when you committed your current offense? If yes, where?

Yes No Have you received any major infractions during this incarceration? If yes, briefly explain:

Explain in detail the circumstances behind your current offense:

Tell about each of your children (e.g., age, grade, likes/dislikes, favorite color... anything (use back of page if needed):

COMMUNITY AND FAMILY SUPPORT

List visitors while incarcerated

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Programming while incarcerated:

Name

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** - Case manager file **COPY** - Parenting Program Manager