



ELECTRONIC HOME MONITORING SCREENING

Graduated Reentry

Name: _____

DOC number: _____

County of release: _____

Earned Release Date: _____

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:

COMMUNITY AND FAMILY SUPPORT List visitors while incarcerated

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Programming while incarcerated:

List last 3 jobs held in the community:

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.

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