

APPLICATION FOR DCDF HOME MONITORING PROGRAM.

Date Submitted: _____

Applicant Name _____

Before completing this application please note the requirements that must be met in order to be considered a candidate for the Home Monitoring Program:

- All applications **MUST** be filled out completely. Any information omitted may result in denial of placement onto program.
- You must have a telephone with **analog landline**, not a digital telephone line, with **no calling features** on the phone line.
- The landline telephone must be able to call local and long distance.
- You must be a valid, licensed driver **OR** have a driver(s) with a valid driver's license.
- Current insurance for all vehicles used for your transportation while on Home Monitor Program.
- You will not be able to use the internet while on this program unless your internet connection is separate from the landline used for monitoring equipment.
- The phone can not be a cordless phone.
- **YOU MUST REPORT TO JAIL ON DATE SET BY COURTS. YOU MAY HAVE TO REPORT TO JAIL BEFORE A FINAL DECISION IS MADE REGARDING YOUR APPLICATION.**
- **AN OFFICER WILL NOTIFY YOU IF YOU ARE ACCEPTED OR DENIED.**
- **ANY CHANGES IN APPLICATIONS MUST BE SUBMITTED TO DCDF PROGRAMS DEPARTMENT.**

Applicant Name _____

Date of Birth _____ JID# _____

Address _____

City _____ Zip _____ County _____

How Long Lived at Above Address _____ Social Security # _____

Phone # _____ Cell Phone # _____

Sex _____ Race _____ Height _____

Weight _____ Eye Color _____ Hair Color _____

Scars/Marks/Etc... _____

Employer _____

Address _____

City _____ Zip _____ County _____

Phone _____ Type of Work _____

Supervisor Name _____ Phone# _____

Weekly Work Hours (days/time) _____

Length of Employment _____

Does your job location vary? YES/NO

Does your supervisor work on site with you? YES/NO

Does your job take you out of the county? YES/NO

Are you self employed (proof required)? YES/NO

Do you have drivers with valid DL and vehicle insurance that can drive to work and home/work back home? Yes / No

Explain _____

Marital Status (circle one) MARRIED/SINGLE/DIVORCED

List Adult People Living With You:

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
A.			
B.			
C.			

Is anyone living in the residence on probation or parole? Yes / No Circle the one/ones

What is the current charge(s) you are in jail for? _____

What is your report in date? _____

What County are you sentenced in? _____

What is the length of your sentence? _____

Do you have any charges pending (list charges)? _____

Are you currently on probation/parole? YES / NO

If yes what charge(s) are you on probation/parole for ? _____

If yes what is name and phone number of agent? _____

Have you ever been convicted of a domestic charge? YES / NO

When? _____ Victim Name _____

Do you have any restraining orders or injunctions? _____

Do you have special family circumstances we should know about?

Do you have any disabilities or special medical conditions?

Are you currently taking a prescribed medication?

Name of medication _____

Name of Doctor _____

Have you ever been treated for drug or alcohol abuse? _____

Location and reason for treatment _____

Do you have regularly scheduled appointments besides work (ie... treatment, counseling)?

In the space provided give a short explanation as to why you should be eligible for this program:
