



COMMUNITY PARENTING ALTERNATIVE SCREENING (FOR ELECTRONIC HOME MONITORING)

Offender Name	DOC #
County of Release	Earned Release Date

Transfer Plan Information

Sponsor Name	Home Phone	Cell Phone
Street Address	Relationship to Offender	

Others living in the home(name, age, and relationship to you)
Resources Available for Offender Upon Release
Concerns/Comments

Child(ren) * Use back of paper addition children *****

Name: (Last, First, Middle)	Age:	Location:
Name: (Last, First, Middle)	Age:	Location:
Name: (Last, First, Middle)	Age:	Location:
Name: (Last, First, Middle)	Age:	Location:

Explain your relationship with your child(ren):

List any previous CPS history with your child(ren):

Visitation with your child(ren):

Community and Family Support:

Employment History:

Infraction History:

Programming: