~~~~**COMMUNITY PARENTING ALTERNATIVE SCREENING**

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):

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| **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:

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| **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 Do you have any substance use 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 yourSubstance Use Disorder Professional?

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 serious violations 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):

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| --- |
| **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.**

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