

## RELEASE/TRANSFER SPONSOR ORIENTATION CHECKLIST

Before submitting an investigation release plan or transfer order for an address not listed in the <u>Statewide Transitional Housing Directory</u>, the case manager will contact and review the following information with all prospective sponsors. Sponsor contacts will be documented in the electronic file and release plan or transfer order for electronic home monitoring.

Individual:			DOC number:		
End of Sentence Review risk level:			Earned Release Date:		
Concerns (e.g.,	Security Threat Group, victim/community	safety, behaviora	al issues):		
County of relea	se/transfer:				
	PRIMARY RELEAS	SE/TRANSFE	R PLAN		
Sponsor	Home	e phone	Cell phone		
Street address	Date	contacted	Relationship to individual		
Others residing	at address, including full name, d	ate of birth, an	nd relationship		
Types of transit	ional support provided by sponsor	(e.g., housing, f	inancial, transportation)		
	SPONSOR ORIEN	TATION CHE	CKLIST		
☐ Yes ☐ No	Reviewed criminal conviction history?				
☐ Yes ☐ No	Reviewed prohibitions/conditions of supervision (e.g., drugs/alcohol, minors, schools/daycare)?				
☐ Yes ☐ No	Could the release plan place the individual in violation or at risk to reoffend?				
☐ Yes ☐ No	Reviewed End of Sentence Review recommendations, risk level, registration requirements, and community notification process?				
☐ Yes ☐ No	Are there firearms or dangerous weapons in the residence? If yes, what are they? Where and how are they stored?				
	If yes and on electronic home me individual is on electronic monitor	•	you willing to remove weapons while ☐ No ☐ N/A		
☐ Yes ☐ No	Are there pets at the address? If so, what kind? Pets must be controlled and allow for Community Corrections Officer (CCO) movement without restriction.				
☐ Yes ☐ No	Are there any residents at the address who have been victimized by the individual in the past? If yes, who?				
☐ Yes ☐ No	Are there any active No-Contact	Orders in effe	ect against the releasing individual?		

☐ Yes ☐ No	Are there drugs/alcohol, including cannabis, at the residence? If yes, what is the substance(s)?				
☐ Yes ☐ No	Are others in the residence with a criminal history and/or on Department supervision? If yes, provide their full name, date of birth, DOC number, and conviction.				
☐ Yes ☐ No		neighbors or if a CCO appeatic vest, firearm)? If yes, exp	ars in uniform with equipment plain.		
☐ Yes ☐ No	Is the sponsor willing to p that if approved:	rovide access to the resider	nce? Informed the sponsor,		
			visual inspection of all areas in at control/access.		
	•	ome monitoring, are you wil ackground check? ☐ Yes			
☐ Yes ☐ No	If approved, will the indiviyes, how?	dual jeopardize the housing	situation of the sponsor? If		
☐ Yes ☐ No	Does the sponsor have a what are they?	ny concerns about providing	ransitional support? If yes,		
		COMMENTS			
to provide inves			riateness of the address and/or mmunity safety information for		
ORIENTATION FINDINGS					
		on. Sponsor is aware of res	trictions/requirements and is		
☐ <b>Denied.</b> Do transfer add	-	gation. Sponsor is no longe	r able/willing to provide release/		
☐ <b>Denied.</b> Do community a		gation. Plan is inappropriate	e and/or will put the individual/		
Case manager		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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