

***For offender:**

Name _____ ICON Number _____ Date _____

Probation Work Release Federal Sex Offender

Counselor Name _____

***For Counselor:**

Date HPI received from offender: _____

The following is to be read and completed by your family/pass – site prospects

Home Pass-Site Inspection Form (Fort Des Moines to Community)

The above client has identified you and your residence as a possible release residence. As our clients begin the hard work of transitioning from incarceration to community living, we believe it is important that the people they live with be as supportive to responsible living as possible. Parolees and Probationers are prohibited from living in a residence where there are alcoholic beverages, illegal drugs, and firearms. Parolees are also prohibited from living with people who have criminal records unless approved by supervising officer. If you are renting your residence, it is also important that your landlord approve this arrangement by providing written documentation ahead of time. To assist our clients in making a smooth transition, we ask you to please complete this questionnaire and return to the above named counselor. ***The Department of Correctional Services reserves the right to verify all information provided on this form.***

PLEASE NOTE: An officer WILL NOT conduct a home placement visit/investigation until this form is received and filled out completely.

Your Name (Last, First, Middle) _____

Relationship to Client _____

Date of Birth _____ SSN _____ Phone _____

Driver's License Number _____ State of Issue _____

Address (City, County, State & Zip) _____

Do you own the residence? Yes No Rent? Yes No

(Convicted felons are general prohibited from residing in Section 8 subsidized house)

Are any residents receiving rent assistance (i.e., HUD) that restricts who may reside at such residence? Yes No

If rented/leased property, print name and phone number and EMAIL address of owner or manager property. The manager **MUST** provide documentation of approval via a letter or email to offender's counselor. The letter must contain acknowledgement of the following information:

Statement they are aware the offender is on Probation or Parole, Statement of the charges for which offender is on Probation or Parole for, and acknowledgement of their approval to allow offender to reside at their property.

This document should be delivered to the offender's counselor via the offender or it may be sent via email to the counselor at _____

(A Home placement investigation will NOT be completed until this information is received)

- Have you ever been arrested? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted of a Misdemeanor? Yes No

If you have answered Yes to any of the above questions please list below any and all arrests and convictions. Please include the State and County of the incident. Please use additional paper as needed and attach it to the questionnaire. Please do not list civil traffic fines or judgments.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list the name and date of birth of all adults that reside or will reside in the residence.

1. Name _____ DOB _____ SSN _____
Ever arrested? Yes No Ever convicted of a felony? Yes No
Ever convicted of a misdemeanor? Yes No
2. Name _____ DOB _____ SSN _____
Ever arrested? Yes No Ever convicted of a felony? Yes No
Ever convicted of a misdemeanor? Yes No
3. Name _____ DOB _____ SSN _____
Ever arrested? Yes No Ever convicted of a felony? Yes No
Ever convicted of a misdemeanor? Yes No

Please list children under the age of eighteen that resides or will reside in the residence:

- | | | | |
|------------|-----------|------------|-----------|
| Name _____ | Age _____ | Name _____ | Age _____ |
| Name _____ | Age _____ | Name _____ | Age _____ |
| Name _____ | Age _____ | Name _____ | Age _____ |

Has this offender been a resident at this address before? Yes No

a. If yes, most recent dates? _____

b. Where they on probation or parole at this time? Yes No

Do you understand that uniformed law enforcement officers and/or probation/parole officers will be conducting random home checks, which will require full access to your home? Yes No

Are dogs kept at the residence? (For the visiting Parole officer's information) Yes No

Who is the actual head of household? _____

Do you have a landline? Yes No

If not are you willing to obtain one if required? Yes No

Parolees and Probationers are prohibited from being in a residence where alcoholic beverages, illegal drugs or firearms are present. Would you (and all other adults in the household be willing to abide by this condition? Yes No

Are you willing to allow the offender to reside a minimum of 6 months at this residence? Yes No

Signed _____
Head of household

Date _____

Signed _____
Spouse/Co-habitant

Date _____

If the person residing with you is on for a current Sex Offense or is on the Sex Offender Registry please complete the additional questions. If they are NOT then you have completed the form.

Are there any schools or childcare facilities within 2,000 ft of residence? (this information is relevant only with certain offenses) Yes No

Do you understand that if this offender is approved to reside at this residence that minor children (anyone under the age of eighteen (18) would not be allowed to reside, visit, occupy, or attend activities at this home unless approved by the probation/parole offender? Yes No

For a registered sex offender, do you understand that your home address will be listed on the Iowa Sex Offender Registry, which is a public web site? Yes No

All residents of this dwelling must be informed of the specifics of the sex offense. Please indicate the facts about what the offender did that resulted in arrest and conviction.

a. Crime name? _____

b. What, specifically, did the offender do? _____

Do NOT write below this line, for Home placement investigator only

Date HPI received from counselor _____

Date of Phone call to set HPI and communication notes _____

HPI date conducted _____

Condition of residence: Good Fair Poor

Number of bedrooms _____ Offender has own bedroom Yes No

Comments _____

Residence approved? Yes No

Reason for denial _____

Security standards entered Yes No

Signed _____ (HPI investigator)