*For offender:			
Name		ICON Number	Date
Probation	Work Release	Federal	Sex Offender
Counselor Name			
*For Counselor:			
Date HPI received from offend	der:		
The following is t	o be read and com	pleted by your family/p	oass – site prospects
Home Pass-Site	Inspection For	m (Fort Des Moin	nes to Community)
clients begin the hard wo it is important that the p Parolees and Probatione beverages, illegal drugs, a have criminal records unlit is also important th documentation ahead of to please complete thi Department of Correction this form. PLEASE NOTE: An office form is received and fille	erk of transitioning eople they live with rs are prohibited frand firearms. Parole less approved by suat your landlord time. To assist outs questionnaire are anal Services reserved out completely.	from incarceration to content to as supportive to recommend to the community of the communi	de release residence. As our ommunity living, we believe esponsible living as possible. Where there are alcoholic from living with people who are renting your residence, ment by providing written mooth transition, we ask you ove named counselor. The call information provided on wisit/investigation until this
Your Name (Last, First, M	iddle)		
Relationship to Client	_		_
Date of Birth	SSN		Phone
Driver's License Number		State of Issue	
Address (City, County, Sta	ate & Zip)		
Do you own the residence (Convicted felons are gen		□ No m residing in Section 8 s	Rent? Yes No subsidized house)
Are any residents received may reside at such reside	nce?		∐ Yes
•	• •	•	EMAIL address of owner or 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.

			ne offender's counselo			it may be
(A Home placemen	t investi	gation will No	OT be completed until t	this informa	tion is rec	eived)
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		
convictions. Please	include	the State an	oove questions please li d County of the incider aire. Please do not list o	nt. Please u	se additio	nal paper
1.						
2.						
3.						
1						
5.						
6.						
Please list the name	and da	te of hirth of	all adults that reside o	r will reside	in the res	idence
1. Name			DOB			
Ever arrested?	Yes	☐ No	Ever convicted o	f a felony?	Yes	☐ No
Ever convicted of a	misdeme	eanor?			Yes	☐ No
2. Name			DOB	SSN		
Ever arrested?	Yes	☐ No	Ever convicted o	f a felony?	Yes	☐ No
Ever convicted of a	misdeme	eanor?			Yes	☐ No
3. Name			DOB	SSN		
Ever arrested? [Yes	☐ No	Ever convicted o	f a felony?	Yes	☐ No
Ever convicted of a	misdeme	eanor?			Yes	☐ No
Please list children	under th	e age of eigh	teen that resides or wi	ll reside in t	he resider	nce:
Name		Age	Name		Ag	
Name		Age	Name		Ag	
Name		Age	Name		Ag	e

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?		□No
Are dogs kept at the residence? (For the visiting Parole office information)	er's Nes	□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 who alcoholic beverages, illegal drugs or firearms are present. Would you (a all other adults in the household be willing to abide by this condition?		□No
Are you willing to allow the offender to reside a minimum of 6 months this residence?	at _{Yes}	□No
Cianad		
Signed Date		
Head of household		
Head of household		
Head of household		
Head of household Signed Date	is on the <u>Se</u> x	Offender
Head of household Signed Date Spouse/Co-habitant If the person residing with you is on for a current Sex Offense or Registry please complete the additional questions. If they are NOT the	is on the <u>Sex</u> en you have o	Offender
Signed Date Spouse/Co-habitant	is on the <u>Sex</u> en you have on the sex of the sex of th	Offender completed

All residents of this dwelling must be informed of the spe indicate the facts about what the offender did that resulted in			e. Please
a. Crime name?			
b. What, specifically, did the offender do?			
Do NOT write below this line, for Home placeme	nt investigato	r 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 ov	vn bedroom	Yes	☐ No
Comments			
Residence approved?		Yes	☐ No
Reason for denial			
Security standards entered		Yes	☐ No
Signed	(HPI inv	estigator)	