

**DEPARTMENT OF CORRECTIONS
THIRD JUDICIAL DISTRICT
FURLOUGH SITE PROVIDER AGREEMENT**

Client Name: _____

ICON Number: _____

I understand this client will be spending pre-scheduled or general furlough time at this residence, if approved. The amount of time will be determined by the program rules and client behavior/progress.

I understand that the client must have access to the residence at all times as scheduled on their pre-planned furlough.

I understand that the Facility Staff may conduct unscheduled and unannounced checks in person or via phone at any time of the day or night.

I understand the Facility Staff has a right to search the residence at any time when reasonable suspicion exists that the client has violated program rules. I will not deny them access to this residence.

I understand the client may be subjected to a mandatory curfew and compliance with this curfew and furlough plan may be verified with personal visits and phone calls by staff or agents during the hours of his/her furlough. You are asked to limit your telephone use to 15 minutes while the client is at this home.

I understand the client is not permitted to be in a residence where firearms or other weapons are kept and I hereby certify no firearms or other weapons will be in this residence while the client is there nor will any be brought into this residence as long as the client is there.

I understand that minors may be present at my residence and by signing below I give consent for the client to be around my child(ren). I understand that the client may not be left as the sole person responsible for a minor child during any furlough time. If the client has a sex offense against a minor, I understand that no minors may be in the home while the client is there.

I understand the client will not be permitted to associate with anyone using or selling drugs and I certify that no one living at or frequenting this residence uses or sells illegal drugs. I agree that alcohol will not be consumed at this address or on the premises while the resident is there.

I understand that if staff is unable to reach the client, there will be a routine search of the home. If the facility staff obtains information that the client has returned to the home at a later time, the facility staff may return and conduct additional searches until the client is located. Additionally, I may be required to give written testimony regarding any violations of the client's release.

Signature of Provider

Printed Name of Provider

Date

Address and Phone Number of Provider: _____

Staff Initials: _____ **Scanned / Checked off visitors list by:** _____