

EXAMPLE & EXPLANATIONS of the Home Placement Questionnaire: Please fill it out completely and honestly. A rejection of the placement may occur if staff is unable to confirm the information listed below or if there are dishonest answers.

PAROLEE HOME PLACEMENT QUESTIONNAIRE (Sex Offender)

Re: John Doe

ICON#: #11111111

Counselor: SMITH

The above client has identified you and your residence as a possible parole 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 are prohibited from living in a residence where there are alcoholic beverages, illegal drugs, and/or firearms. Parolees are also prohibited from living with people who have criminal records. This restriction is a standard parole agreement term. It is called "30: Restrictions on Association" on the parole agreement. However, this does not automatically exclude you or your residence from being a possible parole residence if you or a member of your household has a criminal record. Any deviation from this condition will be at the discretion of the supervising judicial district. If you are renting your residence, it is also important that your landlord approve this arrangement. To assist our clients in making a smooth transition, we ask you to please complete this questionnaire and return it directly to the above named Counselor at: IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241

Your Name (Last, First, Middle): _____

Relationship to incarcerated individual/client: Mother, Father, Friend, etc.

Date of Birth: ___/___/___ SSN: ___-___-___ Race: _____

Drivers License Number: _____ State of Issue: _____

Address: _____
House number and street

City

County

State and ZIP Code

PH: _____ Email Address: _____

Own If you own your home please check this box. Staff will verify this information by using the local assessor's page. If you rent please check Rent. Your landlord or property manager will need to sign the back of this form indicating incarcerated individual/client is able to reside at your residence. We will not approve incarcerated individuals/clients to reside in a rental without confirmation from the landlord or property management. Please also answer yes or no if you are receiving housing assistance.

Rent _____ (convicted felons are generally prohibited from residing in Section 8 subsidized housing)
Are any residents receiving rent assistance (i.e., HUD) that restricts who may reside at such residence? ___Y ___N

If rented/leased property, print name and phone number of owner or manager (property manager must sign acknowledgement) The landlord or property manager will sign the back page. Please write their name and phone # here. A call may be placed to them to verify the incarcerated individual/client is approved to reside at this location.

Have you ever been arrested? ___Y ___N Answer truthfully. A background check may be conducted on all adults living in the home.

Have you ever been convicted of a Felony? ___Y ___N

Have you ever been convicted of a Misdemeanor? ___Y ___N

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. A criminal record is not an automatic rejection of this placement. Each case is looked at on an individual basis.

1. _____
2. _____
3. _____
4. _____

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

Name: _____ DOB: _____ SSN: ____ - ____ - ____ Race: _____
 Ever arrested? ___ Y ___ N Ever convicted of a Felony? ___ Y ___ N Ever convicted of a Misdemeanor? ___ Y ___ N

Name: _____ DOB: _____ SSN: ____ - ____ - ____ Race: _____
 Ever arrested? ___ Y ___ N Ever convicted of a Felony? ___ Y ___ N Ever convicted of a Misdemeanor? ___ Y ___ N

Name: _____ DOB: _____ SSN: ____ - ____ - ____ Race: _____
 Ever arrested? ___ Y ___ N Ever convicted of a Felony? ___ Y ___ N Ever convicted of a Misdemeanor? ___ Y ___ N

Name: _____ DOB: _____ SSN: ____ - ____ - ____ Race: _____
 Ever arrested? ___ Y ___ N Ever convicted of a Felony? ___ Y ___ N Ever convicted of a Misdemeanor? ___ Y ___ N

Please list children under the age of eighteen (18) that reside or will reside in the residence.

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Has this incarcerated individual/client been a resident at this address before? ___ Y ___ N

a. If yes, most recent dates? _____

b. Were they on probation/parole at the time? ___ Y ___ N

Has the incarcerated individual/client ever been charged or convicted of any crime in which you or anyone in the residence were the victim of that crime? ___ Y ___ N

Do you understand that uniformed law enforcement officers and/or probation/parole officers will be conducting random home visits which will require full access to your home? ___ Y ___ N

Are you aware that the incarcerated individual/client will be expected to reside at the approved residence for a minimum of six (6) months or until alternative housing is approved by the probation/parole officer? ___ Y ___ N

Are dogs kept at the residence? (For the visiting Parole Officer's information) ___ Y ___ N

Are there any schools or childcare facilities within 2000 feet of residence? (This information is relevant only with certain offenses) ___ Y ___ N

Do you understand that if this incarcerated individual/client 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 officer? ___ Y ___ N

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? ___ Y ___ N

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

a. Crime name? Ex. Sex Abuse 3rd

b. What, specifically, did the incarcerated individual/client do? It's important for the incarcerated individual/client to open and honest about their offense. If they live in the home and the other residents are misinformed it is a safety concern. Though the offense/s may be difficult to discuss it's important for case managers and parole officers to confirm you are clear on the nature of the incarcerated individual's/client's crime. This means that

you are aware of the actions and behavior of the incarcerated individual/client, not just the name of the incarcerated individual's/client's charge or offense.

Is there a computer(s) in the home? ____ Y ____ N Incarcerated individuals/clients who have a sex offense are not allowed to use the computer unless they have the permission of their PO & treatment team due to social media & pornography.

Do you understand that this incarcerated individual/client would be prohibited from having any access to the computer(s) and that your computer(s) is subject to search by the probation/parole department or a designated third party at any time? ____ Y ____ N

Who is the actual head of household? _____

Parolees are prohibited from being in a residence where alcoholic beverages, illegal drugs, and/or firearms are present. Would you (and all other adults in the household) be willing to abide by this condition? ____Y ____N An incarcerated individual/client would be in violation of their parole if alcohol, illegal drugs, and/or firearms are found in the home while they are a resident.

Signed: _____
Head of household Date

Signed: _____
Spouse/Co-Habitant Date

Signed: _____
Landlord/Property Manager Date