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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02661 (05/2020) | | | | |  | **STATE OF WISCONSIN** | | | | | | |
| **SUPERVISED RELEASE (SR) CLIENT WORK/EDUCATION REQUEST** | | | | | | | | | | | | |
| **NOTICE:** | | This form is used as a formal request by a client to have a worksite or education site approved. This form is to be filled out by the client prior to accepting a work or education offer. Turn this form into your agent upon completion for review and the screening process. You will receive a copy upon completion indicating if the work or educational site has been approved or not and a copy will be placed in your client file. | | | | | | | | | | |
| Name – Client (Last, First, MI) | | | | | | | | | | ID Number | | |
|  | | | | | | | | | |  | | |
| This contact request is for the purpose of:  Employment  Volunteer Work  Job Trial  Education | | | | | | | | | | | | |
| I have reviewed and understand the guidelines outlined below.   * During my first year on supervised release, I will only be able to seek part-time work or educational classes for no more than 20‑25 hours per week. * Generally, the worksite/school facility location needs to be within 45 minutes of my residence. * I cannot accept an offer of work or enroll in classes until I receive approval from my Community Reintegration Team (CRT). | | | | | | | | | | | | |
| **Details of Work/Education Site** | | | | | | | | | | | | |
| Company/School Name | | | | | | | Company/School Phone Number | | | | | |
|  | | | | | | |  | | | | | |
| Company/School Address | | | | City | | | State | | | Zip Code | | |
|  | | | |  | | |  | | |  | | |
| Supervisor Name | | | | | | | Contact Phone Number | | | | | |
|  | | | | | | |  | | | | | |
| **Worksite Information (if different than employer address)** | | | | | | | | | | | | |
| Company Name | | | | | | | Worksite Phone Number | | | | | |
|  | | | | | | |  | | | | | |
| Address | | | | City | | | State | | | Zip Code | | |
|  | | | |  | | |  | | |  | | |
| Contact Person at Worksite | | | | | | | Contact Phone Number | | | | | |
|  | | | | | | |  | | | | | |
| **Description of Job Duties/School Classes and Expectations** | | | | | | | | | | | | |
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| **This offer will be reviewed by your agent if the following conditions are met (check of as you complete each step):** | | | | | | | | | | | | |
| I have received but not accepted an offer of work by this employer, received but not accepted an opportunity to volunteer at this worksite or have received permission from my CRT to enroll in this school.  I have ensured there are no minors (persons under 18 years of age) working at or visiting this worksite or attending the school facility.  This employer (school) has knowledge that I will require a monitor to be with me (sight, sound and physical access) while I am working or attending classes (If required by statute or the CRT).  This employer (school personnel) has knowledge of my offense history, supervision needs, and restrictions.  The worksite (if different from the employer) has knowledge of my offense history, supervision needs, and restrictions.  I will inform my CRT if there is any required work on a computer. I acknowledge I may have to have a monitor present while completing work/school related computer tasks.  I have attached a Release of Information form to this request for the purpose of my agent to complete the required disclosure.  I have completed this form thoroughly and accurately to the best of my knowledge. | | | | | | | | | | | | |
| By signing below, I acknowledge that I have completed the above steps accurately and to the best of my knowledge. I also agree to comply with the expectations outlined below. **Failure to follow this agreement may result in the suspension of employment, volunteer or educational opportunities, if granted, and/or further disciplinary actions.** | | | | | | | | | | | | |
| Initials |  | | | | | | | | | | | |
|  | I will fully comply with all rules and expectations outlined within this form | | | | | | | | | | | |
|  | I will fully comply with all SR rules and program policies | | | | | | | | | | | |
|  | I will fully comply with any expectations in relation to work/education | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **SIGNATURE** – Client | | | | | | | | | | | | Date Signed |
|  | | | | | | | | | | | |  |
| **PRINT NAME** – Client | | | | | Name of Agent | | | | | | | Date Given to Agent |
|  | | | | |  | | | | | | |  |
| **This section is to be completed by the Agent of Record** | | | | | | | | | | | | |
| Name – Client (Last, First, MI) | | | | | | | | | | | | ID Number |
|  | | | | | | | | | | | |  |
| Date Received (**Screening needs to be initiated within five (5) business days from this date**) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Contact Attempts | | | Date of Attempt | | Contact Made | | | Message Left | | | | |
| Attempt #1 | | |  | | Yes  No | | | Yes  No | | | | |
| Attempt #2 | | |  | | Yes  No | | | Yes  No | | | | |
| Attempt #3 | | |  | | Yes  No | | | Yes  No | | | | |
| The following items where reviewed with the potential employer during the screening process: | | | | | | | | | | | | |
| Verified work or school understands the clients’ offense history.  Verified work or school understands the client is on supervision.  Verified worksite understands the clients’ offense history.  Verified worksite understands the client is on supervision.  Verified there are no minors (persons under 18 years of age) working or visiting this worksite or attending the school facility.  Review of what the Supervised Release Program is and that it is not the same as being on parole. | | | | | | | | | | | | |
| **Summary of discussion with potential employer/school personnel:** | | | | | | | | | | | | |
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| I have consulted with the case manager and SOT provide.  I have consulted with the assigned DHS Contract Specialist regarding this request.  After consulting with the CRT and DHS, it has been determined this employment/educational request is | | | | | | | | | | | Yes  No  Yes  No  Approved  NOT Approved | |
| **If not approved, please summarize reason for denial:** | | | | | | | | | | | | |
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| **SIGNATURE** – Agent of Record | | | | | | | | | Date Signed | | | |
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| **PRINT NAME** – Agent of Record | | | | | | | | | | | | |
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