



# *Residential Services Handbook*

## *Allen County Community Corrections*

201 West Superior Street | Fort Wayne, IN 46802

7117 Venture Lane Fort Wayne, IN 46818

[www.allencountycorrections.org](http://www.allencountycorrections.org)

### *Mission Statement*

The mission of Allen County Community Corrections is to operate a comprehensive community-based supervision program that recruits and recognizes a well-trained, professional work force to serve and protect our community, its crime victims, and those adult offenders under supervision by effectively deploying the field's best practices and proven programming and rehabilitative strategies to hold offenders accountable and promote their success.

Name \_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

# *Table of Contents*

---

I.	Specific Conditions of the Residential Program	Pages 3-6
	Employment Policy	Page 7
	Dress Code Policy	Page 7-8
	Meal Periods	Page 8-9
	Recreation	Page 9
	Parking/Transportation Policy	Page 9
	Medical Needs	Page 10
	Illness	Page 10
	TB (Mantoux) Testing	Page 10
	Release	Page 10
	Vending	Page 10
	Weekly Schedule Policy	Pages 11
	Pass Policy	Pages 11-12
	Responsibilities While on GPS Supervision	Pages 12-13
	Authorized Property List	Pages 13-15
	Facility Guidelines	Pages 15-16
	Living Unit Cleanliness	Pages 16-17
	Computer Use	Page 17
	DNA Collection-Felony Offenders	Page 17
	Discipline	Page 17
	Hygiene	Page 17
	Laundry	Page 17
	Lockers	Page 17
	Searches	Page 18
	Tek84 Body Scanner	Page 18
	PREA (Prison Rape Elimination Act)	Page 18
	Information Requests /Communications Form	Page 18
	Fee Policy	Page 19-20
	SmartLink	Page 21
	Visitors	Page 21
	Telephones	Page 21
	Emergency Plan	Pages 21
	In- Housework Detail	Page 21
	Grievances	Page 21
	Mail	Page 22
	GTL/Viapath Tablets	Page 22
	Tablets for Telehealth Appointments	Page 22
II.	<b>Policies and Forms</b>	Page 23-29
	Medication Use Policy	Pages 23-24
	Release, Waiver, and Hold Harmless	Page 25
	Community Service Release, Waiver & Hold Harmless	Page 26
	Consent for Search and Seizure	Page 27-28
	Prea Acknowledgement Form	Page 29
	Important Telephone Numbers	Page 30
	Questions / Notes	Page 30

***Allen County Community Corrections Residential Services Program***

---

Name: \_\_\_\_\_ Cause Number(s): \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Projected Release Date: \_\_\_\_\_

Length of Sentence: \_\_\_\_\_ Charge(s): \_\_\_\_\_

**SPECIFIC CONDITIONS OF THE RESIDENTIAL PROGRAM**

*I, \_\_\_\_\_, agree to comply with the general rules and special conditions stated in this Residential Handbook, in addition to any other conditions as ordered by the Court. I am signing the below Special Conditions of the Residential Program with the understanding that failure to comply with any of these conditions may result in sanctioning, arrest, a violation, or Notice being filed with the Court, and/or termination from the ACCC Residential Program.*

\_\_\_\_ 1. I understand that while on the Residential Program, I will be under the supervision of Allen County Community Corrections (ACCC) and subject to all rules and regulations of that program. I understand that in addition to Judicial review, I will also be subject to administrative disciplinary action for failure to follow ACCC rules and regulations, which may result in a loss of privileges or other administrative sanctions.

\_\_\_\_ 2. I will cooperate with and truthfully answer all reasonable inquiries of (ACCC) personnel. I will not threaten or intimidate anyone while under supervision. I will not use verbally aggressive/abusive language to staff or other participants, nor will I be physically aggressive or abusive to staff or other participants.

\_\_\_\_ 3. I understand that violation of the order for the Residential Program may subject me to prosecution for the crime of Escape and/or Failure to Return to Lawful Detention under I.C. 35-44.1-3-4. I further understand that it is a Level 5 Felony to Flee Lawful Detention (I.C. 35-44.1-3-4(a)) and that it is a Level 6 Felony to Fail to Return to Lawful Detention as required (I.C. 35-44.1-3-4 (c)), punishable up to 2 ½ years.

\_\_\_\_ 4. I understand that I am not to commit any violations of law. Failure to obey all Municipal, County, State, and Federal laws may result in termination from the Residential Program and the filing of a violation with the Court.

\_\_\_\_ 5. I understand that I am not to violate any term of a license suspension and/or any restriction of a license.

\_\_\_\_ 6. I understand that my residence while on the Residential Program shall be the Allen County Community Corrections Residential Facility located at 7117 Venture Lane, Fort Wayne, Indiana 46818, unless otherwise ordered by the sentencing court.

\_\_\_\_ 7. I understand that I am not to possess or use any firearm, destructive device, ammunition, or any other item deemed to be a possible weapon by ACCC staff or law enforcement.

\_\_\_\_ 8. I will not possess contraband, or item(s) deemed to be contraband by ACCC or law enforcement.

\_\_\_\_ 9. I will not possess property that is, in the sole discretion of ACCC staff, deemed to be dangerous, prohibited, flammable, or otherwise incompatible with rehabilitative services provided to me.

\_\_\_\_ 10. I will not ignite, smoke, or inhale any item or substance at the ACCC Residential Facility.

\_\_\_\_ 11. I agree to allow Allen County Community Corrections personnel to make inquiries into my activities and agree to sign a release of information for ACCC.

\_\_\_\_ 12. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.

\_\_\_\_ 13. I will not consume anything containing alcohol, including but not limited to, an alcoholic beverage. I will not take medication containing alcohol in it (liquid cold medicine, cough syrup, medicated mouthwash).

\_\_\_\_ 14. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.

\_\_\_\_ 15. I will not consume or possess, on my person or in my vehicle any alcohol or controlled substance (illegal drug) unless I can prove that I have a valid prescription issued by a licensed physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I will be responsible for the cost of said tests.

\_\_\_\_ 16. I will not illegally possess, ingest, use, sell or distribute any legend drug, narcotic drug and/or controlled substance or any paraphernalia throughout the term of my supervision. If illegal substances are found on my person, in my belongings, or within my control, they will be confiscated.

\_\_\_\_ 17. I will not possess, ingest and/or use any intoxicating substances that cause a condition of intoxication, euphoria, excitement, exhilaration, stupefaction, or dulling of the senses.

\_\_\_\_ 18. I agree to waive my right against search and seizure and permit Allen County Community Corrections or any law enforcement officer acting on behalf of Allen County Community Corrections to search my person, motor vehicle, or any location where my personal property may be found to ensure compliance with my conditions of the Residential Program. I understand that neither reasonable suspicion nor probable cause are necessary for such a search to be conducted and I hereby waive any and all rights I may have relative to the search of my person or property in order to enable ACCC personnel to conduct routine and/or random searches of my person and property in order to ensure my compliance with all of the conditions related to my participation in the ACCC Residential Program.

\_\_\_\_ 19. I agree to appear for any scheduled appointment, hearing, class, random drug screen, community service assignment/work crew and/or other obligations as assigned by ACCC.

\_\_\_\_ 20. All Residential Program participants are required to provide verification of work hours and treatment attendance on a weekly basis or upon request. Failure to do so may result in termination from the program. Weekly schedules, once approved by Allen County Community Corrections, may only be changed for the following reasons:

A. Medical Emergency: Resident must contact the Communications Division at ACCC at (260) 449-7310 as soon as possible to inform personnel as to the nature and extent of the medical emergency. Failure to notify ACCC may result in a violation being filed with the Court.

B. Change in work/treatment hours: Your employer may request you to work over or shorten your hours. You are required to inform the Communications Division at ACCC at (260) 449-7310 at the first opportunity of these schedule changes to receive necessary approval. Failure to do so may result in your removal from the Residential Program and/or the filing of a violation with the Court.

\_\_\_\_ 21. I understand that ACCC is the only agency that may approve any work schedule and/or changes in my work schedule.

\_\_\_\_ 22. I agree to allow ACCC personnel to monitor my employment by examining my timecards, contacting my supervisor, and conducting worksite visits. I shall authorize my employer to release all records and

information requested concerning my hours of employment, attendance on the job, duties of employment, reporting and dismissal times, and other information as may be requested by ACCC.

\_\_\_\_ 23. I understand that I am responsible for all my transportation needs while on the Residential program. All transportation arrangements may be subject to the approval of ACCC.

\_\_\_\_ 24. I agree to travel in a direct route to and from my place of employment or any other permitted destination without making any stops or “side trips” and to have no unauthorized passengers in my vehicle. “Side trips” are defined as any deviation in the normal route of travel to and from the facility.

\_\_\_\_ 25. I understand that if I am released from work early at any time or if work is cancelled at any time, I will immediately notify ACCC Communications Division and return directly to the facility with no “side trips” and/or “stops”. “Stops” are defined as any stop that a Resident makes at any location or business that has not been approved by ACCC.

\_\_\_\_ 26. I understand that I am not to leave my place of employment or any other approved location without prior approval of ACCC.

\_\_\_\_ 27. If I become unemployed during the term of my Residential Program sentence, I shall immediately notify my Case Manager.

\_\_\_\_ 28. I understand that I am required to pay for any medical services and/or care needed during court ordered placement or change or placement in the Residential Services Program.

\_\_\_\_ 29. I understand that I must be current in paying all Court costs, fines, restitution, and child support.

\_\_\_\_ 30. I understand that I will be charged an initial fee, a weekly fee, and other fees as approved by the ACCC Advisory Board. Payments will be made by cashier’s check, certified check, money order, credit/debit card, or cash. Personal checks will not be accepted. I understand that failure to make payments as scheduled or departure from the program with a balance of payments in the arrears may result in any or all the following:

- A. A Notice of Outstanding Fees will be filed with the Court.
- B. I may be sued in civil court or subject to collection proceedings for the amount of the arrearage plus costs of the proceedings and attorney fees.
- C. I may have my Indiana Individual Income Tax refund intercepted to set off the debt.

\_\_\_\_ 31. I understand that ACCC has the authority to direct me to substance abuse treatment, adult education program (If I do not have a high school diploma or high school equivalency (HSE)), counseling, or any other program that ACCC has determined appropriate for me to attend. Failure on my part to follow through on such directives may result in a violation being filed with the Court.

\_\_\_\_ 32. I understand that while on the Residential Program I will immediately remove myself from the presence of someone performing an illegal act. I shall immediately notify ACCC Communications at (260) 449-7310 of the incident.

\_\_\_\_ 33. I understand and agree to submit to a PBT (portable breath test) at the request of ACCC staff.

\_\_\_\_ 34. I understand that I may have my release privileges suspended during the investigation of any alleged contract or rule violation or any alleged violation of a court order if my actions are deemed by ACCC personnel to be a threat to the safety of others or I am deemed a threat to abscond.

\_\_\_\_ 35. I understand that ACCC must always be able to reach me while under supervision. I understand that I will be required to maintain an active cellular telephone service and that I must have the cellular device with me and turned on to receive correspondence from ACCC staff while outside of the Residential Facility. I further

understand that I will notify my ACCC case manager immediately of any changes in my telephone service or telephone number(s).

\_\_\_\_ 36. Special Orders:

---

---

---

\_\_\_\_ 37. During my term in the Residential Program, if a determination is made that there is probable cause to believe that I have violated any of these conditions, I may be removed from participation in this program and may be incarcerated pending further Court determination. I further acknowledge that if the Court finds that I have violated any of these conditions, the Court may, after a hearing, revoke the suspended sentence and impose any sentence it may have originally imposed, modify my conditions, or require me to continue in my placement under the supervision of ACCC.

\_\_\_\_ 38. I hereby agree to waive extradition from any other state of jurisdiction and agree to return to Allen County at the request of Allen County.

\_\_\_\_ 39. I understand that ACCC can terminate my participation in this program without notice if I have any violations of the above conditions.

\_\_\_\_ 40. I understand that evidence obtained in any Community Corrections violation investigation may be admissible in court and can be used against me in any violation proceedings or for the purpose of new criminal charges.

\_\_\_\_ 41. I understand that if I wish for ACCC to know and/or act upon my religious preferences in any way it is my responsibility to inform staff both verbally and in writing during the intake process.

\_\_\_\_ 42. I understand that I will receive an equal opportunity to participate in and benefit from all aspects of ACCC programming. Staff will take steps to ensure effective communication with residents who are hearing impaired, providing access to interpreters who can interpret effectively. In addition, written materials are presented in a manner that ensures effective communication with residents with disabilities, including intellectual disabilities, limited reading skills, or who are vision impaired.

\_\_\_\_ 43. This Residential Services Handbook has been read and explained to me, and my signature acknowledges that I have fully read and fully understand all terms and conditions of this handbook. I further acknowledge that I have initialed each and every term of this Residential Program Contract as I have read and understood each term. I further acknowledge that I have read and understood the ACCC Residential Program Handbook and agree to comply with all the rules and procedures set forth in it.

\_\_\_\_\_  
Residential Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACCC Staff

\_\_\_\_\_  
Date

Allen County Community Corrections does not provide medical care.  
Do you have a medical condition(s) that you would like an emergency medical provider to know? Yes/No

Do you have any life-threatening allergies that require accommodation? Yes/No

**Note:** You must provide medical verification of this life-threatening allergy and specific medical accommodation instructions within 24 hours of your intake onto supervision with ACCC. Please provide this medical verification to your assigned case manager.

### **Employment Policy**

- a) All participants must complete an Employer Agreement / Consent for Release of Confidential Information to other Persons, Agencies, or Entities form and forward it to his/her case manager for approval prior to starting any employment.
- b) All participants must obtain approval from their case manager prior to starting any employment or changing employers.
- c) Written verification of any / all hours worked must be provided upon request.
- d) Any change, lay off, or termination from your employment must be reported to your case manager immediately.
- e) Understand that while under ACCC Supervision certain types of employment may be prohibited, at the discretion of ACCC.
- f) Abide by the following requirements while unemployed or underemployed in ACCC's assessment:
  - i) Attend the Computer Lab for job searching a minimum of three (3) days per week or as assigned.
  - ii) Attend Community Service a minimum of fourteen (14) hours per week or as assigned.
- g) Provide verification of Social Security Income (SSI) or Social Security Disability (SSD) benefits and income and if instructed obtain approved part-time employment to supplement your income.

### **Dress Code Policy**

All participants are always expected to be properly dressed. At no time shall the midsection or the torso be showing or shoulders bare, and shorts/skirts cannot be shorter than six inches above the top of the kneecap. Clothing should not contain tears or rips that expose parts of the body or undergarments. Spandex shorts are not acceptable.

Participants are always expected to wear undergarments in the facility except when in the immediate shower area.

When sleeping in their bunks, all participants shall wear clothing that covers their entire chest and pelvic region. At a minimum, sleepwear should consist of t-shirt and gym shorts.

Approved headgear may only be worn in the living pod areas and may not be worn throughout the building or recreation area, unless otherwise approved by the Residential Coordinator or designee.

Participant clothing may not display drug, alcohol, gang, pornographic, or racial overtones. Exceptions may be made for alcohol advertising if the resident's employer requires it as part of a uniform.

Participants are not permitted to wear tank tops or sleeveless shirts in the facility.

Participants must always wear approved footwear when not in their bunk. Participants may only be barefoot when in the shower area or his/her assigned bunk.

**Note:** Participants will be requested to remove their footwear in each intake area for the purpose of being scanned in the Tek84 body scanner upon each reentry into the facility. Participants are prohibited from wearing body piercing jewelry, with the exception, of earrings.

All participant attire is at the discretion of agency personnel. If a participant is asked to change their clothing or remove jewelry, they are expected to comply.

Pants are to be worn at the waistline (no “sagging” pants).

Participants are expected to maintain proper dress to and from the shower area.

At no time are participants authorized to be in a state of undress outside of the shower area.

Participants are prohibited from wearing exposed undergarments, either outside of or through other clothing.

Participants are prohibited from wearing clothing that is excessively tight, excessively short, excessively baggy, or excessively revealing.

Participants are required to dress/change clothing in the restroom area located in their assigned living pod.

### **Meal Periods**

All participants of the ACCC Residential Program are provided an opportunity to receive three meals a day. Special diet requirement requests are the participant’s responsibility to put in writing and must be accompanied by a physician’s order so that every effort can be made to accommodate the request. Participants are not permitted to share or give away their meals.

Meals are generally distributed during the following times:

#### **Breakfast:**

Pod A 5:10am – 5:30am  
Pod B 5:30am – 5:50am  
Pod C 6:10am – 6:30am  
Pod F 6:30am – 6:50am

#### **Lunch:**

Pod A 11:30am – 11:50am  
Pod B 11:50am – 12:15am  
Pod C 12:15pm – 12:35pm  
Pod F 12:35pm – 12:55pm

#### **Dinner:**

Pod A 5:30pm – 5:50pm  
Pod B 6:20pm – 6:40pm  
Pod C 6:40pm – 7:00pm  
Pod F 7:00pm – 7:20pm



Breakfast, lunch, and dinner meals shall be held for any participant who is not in the facility during the designated meal period but has indicated their desire to eat upon their return to the facility.

Breakfast, lunch, and dinner meals will be available for participants to take with them as needed in conjunction with approved schedules/passes.

The only food or drinks allowed into the facility must come through scheduled meals or vending.

Participants will consume their meals in the dining hall. Exceptions to the meals being served in the dining hall may include emergency circumstances, staffing issues, holidays or at staff discretion.

Participants will receive one breakfast, one lunch, and one dinner. All meals are to be consumed immediately and only in approved eating areas.

### **Recreation**

1. Recreation periods will be facilitated by ACCC staff at appropriate times.
2. At the discretion of ACCC staff, the number of participants permitted to use the recreation area at the same time may be limited.
3. Recreation equipment may only be used as intended by the manufacturer.
4. No boisterous or vulgar language will be permitted.

### **Parking/Transportation Policy**

Any participant driving a vehicle to/from the Residential Facility shall park in the designated areas assigned by staff (north lot). Vehicles parked at the ACCC Residential Facility will be the sole responsibility of the owner. ACCC will not be responsible for loss or damage to participant vehicles or their contents. The below listed information must be submitted to ACCC staff. Failure to do so may result in the removal/tow of a vehicle, scooter, or bicycle from ACCC property. It will be the responsibility of each participant to make safe decisions when traveling to/from the facility. A participant's ability to travel may be inhibited by the Allen County Travel Advisory policy. Participants are prohibited from loitering in the parking lot or on ACCC property and are expected to promptly leave the premises when on approved scheduled events/passes and to promptly enter the facility upon return to the facility.

Proof of the following is required for permission to be granted for a participant to have a vehicle, scooter, or bicycle at the ACCC facility:

#### **Motor Vehicle or Motorcycle**

Provide copy of the following: valid driver's license, vehicle registration, and insurance card.

#### **Scooter**

Provide a copy of the following: Indiana ID card or driver's license, and scooter registration.

#### **Bicycle**

Provide the following information: make, model, color, and serial number.

\*\* All bicycles used after dark must have lights on the front and back that can be seen 500 feet way.

#### **Alternative Transportation May Include:**

Public Transportation, walking, Taxi, Uber, Lyft, transportation provided by family or employers.

\*\*Any transportation provided to a participant by family or employers is subject to the approval of the participant's case manager.

No participant driving a vehicle shall have any occupant in his/her vehicle unless prior approval has been received by his/her case manager. Participants may ride share with other participants of the same sex with permission from both participants' case managers.

Any vehicle, motorcycle, scooter, or bicycle shall be subject to search at any time by ACCC staff. The participant shall be held accountable for any contraband found.

### **Medical Needs**

Participants shall have access to physical, mental, and dental healthcare at their own cost. Allen County Community Corrections will bear no financial responsibility for a participant healthcare. (CTP participants will adhere to the IDOC Medical Policy). ACCC staff may assist in assessing emergency status but are not able to make a medical diagnosis. As such, ACCC will not deny a participant's access to medical care. If a situation does not require immediate medical attention, the participant will be responsible for scheduling their own appointments for services, as well as for their own transportation and for approved leave. In the event a participant requires immediate medical attention, ACCC staff shall assist the participant in contacting emergency medical personnel. If a participant is hospitalized, the hospital will be informed that the participant is under the supervision of ACCC, however is responsible for his/her own medical expenses, and that ACCC should be notified upon the participant's release from the hospital. Residential participants will be required to contact ACCC Communications at (260) 449-7310 upon discharge from an inpatient hospital admission and await transportation from the medical facility to ACCC Residential Services by an ACCC staff member, unless specific permission for alternative transportation is given by ACCC staff at the time of release.

### **Illness**

We advise all staff and participants to use "Universal Precautions", which assumes all individuals' blood and body fluids are infected. All participants and staff will always take precautions to protect themselves from communicable diseases. Information regarding control, prevention, transmission, reporting, and treatment of communicable diseases will be made available to participants and staff.

### **TB Testing (Mantoux Testing)**

A Residential participant who applies to become a food trustee will be required to be screened for tuberculosis. A Residential participant may also be required to be TB screened for cause. An appointment for this test and the follow up "read" test (conducted by the Allen County Department of Health Clinic) will be scheduled for the participant by his/her case manager and the dates/times will be provided to the participant. Participants who test positive must follow all directives and/or recommendations of the Department of Health. If a participant has been tested within six (6) months prior to intake into the facility, the participant will be permitted to show documentation of the test and results in lieu of an additional test.

### **Release**

Participants shall be notified of the date of their release, generally within five days of reporting to ACCC Residential Services. The time of release is subject to processes and discretion of ACCC staff on the day of the scheduled release.

Case Managers will assist participants with the location of suitable post-release housing options. Participants shall be allowed to search for suitable housing approximately forty-five (45) days prior to release, at designated times pursuant to ACCC's pass policy and approval.

ACCC encourages family member involvement in a participant's pending release and continuation of care.

### **Vending**

Each living pod area is equipped with vending machines for participants. Participants are limited to purchasing three (3) items of vending at one time. Vending is a privilege that may be limited or suspended at the discretion of ACCC staff.

### Weekly Schedule Policy

- a) Weekly schedules must be turned into the ACCC Residential Facility no later than 9 a.m. on Fridays for the upcoming week.
- b) Schedules must include all beginning and ending times for each approved and scheduled event and document the exact location of each event.
- c) The schedule policy is strictly enforced, and a participant may not be allowed to leave the ACCC Residential Services Facility unless a weekly schedule is approved and / or provided to ACCC.

To complete and submit a weekly schedule:

- d) Obtain a weekly schedule form. Weekly schedule forms are located within each living pod.
- e) Fill out the weekly schedule form legibly and accurately including:
  - i) Complete the employer's name, address, and phone number.
  - ii) Provide the exact beginning and ending times for all scheduled events.
  - iii) Provide the exact name and address of each approved scheduled event.  
The address must include the street number, street name, and city.
  - iv) Sign and date the weekly schedule form
- f) Turn in the weekly schedule form in the designated drop box within your assigned living pod.

**Note:** The completed weekly schedule form must be submitted no later than 9:00 a.m. each Friday. On the rare occasion a participant needs to modify their weekly schedule, d-f above must be followed. Revised schedules must be marked Revised at the top of the page and should only include the requested additions/revisions on the new form. Revised schedules are subject to ACCC's Residential Services Pass Policy. You may not change your mode of transportation without **advance** approval from ACCC.

### Pass Policy

The Court has ordered participants to comply with the ACCC Pass Policy:

- a) Each participant is required to submit a pass request form at least seven (7) days prior to the requested event.
- b) The participant must be in substantial compliance with all ACCC Residential Program placement rules and supervision to be granted a pass.
- c) Fees must be paid under \$361.00, unless:
  - i) Verified and approved disability exception
  - ii) Verified and approved EBT exception
  - iii) Unless otherwise approved by a Case Manager

Participants may be approved for one (1) pass in any weekly / seven (7) day period, except in the following circumstances

- i) Verified medical emergencies
  - ii) Verified job interviews
  - iii) To obtain government identification
- d) Performance passes and/or Home Passes may be granted by ACCC in addition to one weekly approved pass.
- e) Each participant will be notified by an ACCC staff member with the approval or denial of each requested pass at least twenty-four (24) hours in advance of the pass event.
- f) Participants must go directly to the approved location, complete all approved business (only) at the location and then return promptly and directly to the ACCC Residential Placement facility. Participants who do not go directly to an approved location or approved business may be subject to arrest for escape.
- g) Pass Investigators may be contacted at (260) 449-4421 during normal business hours or a Communication Division professional may be contacted at (260) 449-7310 after normal business hours if unforeseen circumstances occur while away on an approved pass.

- h) Participants will be required to provide documentation and/or written verification of actions while on an approved pass, if requested.
- i) A Communication Division professional must be immediately contacted at (260) 449-7310 if an emergency arises while on an approved pass.
- j) Non-compliance with ACCC's Pass Policy may result in pass privileges being limited, and may further result in participant being sanctioned, violated, and / or terminated from the program.

**Note:** To be considered for an emergency pass with less than 24 hours' notice, I understand that I must speak directly to the Pass Investigator during the normal business hours of Monday – Friday 8:00 a.m. – 4:30 p.m., except for legal holidays. After normal business hours I understand that I may speak with a Communications Division professional at (260) 449-7310.

I understand that Allen County Community Corrections will follow these guidelines when considering pass requests:

- a) The Allen County Courts have, as a matter of policy, recognized and deferred supervision to the parameters contained within and enforced through the ACCC Pass Policy.
- b) However, the Passes for personal business will only be considered for two (2) hour increments. This two (2) hour time frame includes travel time.
- c) Passes for personal business will only be considered on Saturdays and pursuant to the below schedules, unless otherwise approved in advance by the assigned case manager.
- d) Passes for personal business will only be considered / approved twice a month and only on Saturdays pursuant to the schedule established using the first letter of my last name:
 

A-M	1 <sup>st</sup> and 3 <sup>rd</sup> Saturday of the month
N-Z	2 <sup>nd</sup> and 4 <sup>th</sup> Saturday of the month
- e) The approved times for Saturday personal business passes are based on the first letter of my last name:
 

A-D & N-Q	9:00 a.m. – 11:00 a.m.
E-H & R-U	11:00 a.m. – 1:00 p.m.
I-M & V-Z	1:00 p.m. – 3:00 p.m.

**Responsibilities While on GPS Supervision**

Specific rules related to my electronic monitoring supervision if ordered:

- a) I must always keep my electronic monitoring device fully charged. I will charge my device immediately if my battery is low. If electrical services are disconnected or unavailable for any reason, I will contact ACCC Communications Division immediately at (260) 449-7310 for instructions and I must follow their instructions.
- b) If I am assigned a Beacon Unit, I will keep it in the exact location that was designated by ACCC personnel. I understand that I will not move the Beacon Unit for any reason unless instructed by ACCC.
- c) I understand that the electronic monitoring device may record or transmit a visual image, an electronic communication, or any sound, and/or information regarding my activities while inside my home/ACCC facility.
- d) I understand that ACCC may inspect all my assigned electronic monitoring equipment as needed, regardless of day, time, hour, or my assigned schedule.
- e) I understand that if there are any problems with my device, charger, and / or Beacon Unit I will notify ACCC immediately, which includes contacting a Communications Division professional at (260) 449-7310 should I be away from the Residential Placement facility.
- f) I understand that I will be responsible for the care and maintenance of all assigned electronic monitoring equipment as instructed.

- g) I understand that I will be held financially responsible for any damage, loss, repair, and / or stolen ACCC equipment. I understand and agree to pay the following equipment replacement costs:

GPS Equipment

GPS Tracking Device	\$1,650.00
Beacon /Charger Combo	\$ 250.00
Transfer Battery	\$ 95.00
Wall Charger	\$ 95.00
Charging Base	\$ 95.00
Ankle Straps	\$ 30.00

**\* Prices are subject to change without notice**

**Authorized Property List**

Participants shall be permitted to maintain only the types of property indicated below. Participants received from a jail, DOC facility or who are unable to report to the facility with their personal property may have their personal property brought to the facility after admission on Monday, Wednesdays, or Fridays between the hours of 7:00 a.m. and 7:00 p.m. The participant's personal property shall be inventoried. Any prohibited property identified shall be confiscated and itemized on a Seized Property Report and placed in a secured location.

Participants are not permitted to receive property items via USPS, UPS, FedEx, etc. Items sent to Allen County Community Corrections through the mail that are non-communicative shall be refused and returned to the delivering agency. Exceptions may be made by the Residential Coordinator or designee.

It is the responsibility of the participant to ensure property allowances are not exceeded. Prohibited or excessive items shall be confiscated. The Residential Services Coordinator or designee is the only Residential Services staff member that may approve any item not listed on the authorized property list should that item be deemed necessary by the Residential Coordinator or designee.

Any property which the participant brings into the facility and which the participant is permitted to keep shall be the participant's responsibility. The participant shall assume all liability for any property that is left in an unsecured location. ACCC shall not assume any responsibility for lost or stolen property that the participant has been permitted to maintain in his/her living unit area or designated storage area. Participants are not to share, barter, or sell personal property, nor shall participants hold on to the property of another participant.

Work uniforms are included in maximum property allowances.

Photographs, or any images, or depictions of nudity (exposed breasts, buttocks, or genitalia), sexually explicit or sexually offensive material shall be prohibited.

The affixing of posters, photographs, paper, or other items on the walls, floors, doors, windows, furniture, ceiling or storage containers and the open display of photographs or any images, or depictions that would be offensive or threatening to other persons (including, but not limited to gang symbols or depictions, racist or discriminatory materials), shall be prohibited.

Unauthorized items are prohibited and shall be confiscated. Participants in possession of prohibited property will be subject to disciplinary action and/or a violation being filed with the sentencing court. Participants must immediately report the presence of prohibited property in the facility to personnel. If a participant discovers he or she has inadvertently brought prohibited property into the facility, personnel should be immediately notified to have the property removed.

Unauthorized items brought into the facility by participants will be confiscated. The ACCC Residential Facility will hold items up to thirty (30) days awaiting a participant's designee to retrieve the items from the facility. It is the participant's responsibility, while either still being in the residential program, or released from the residential program, to contact the person they designated on their intake paperwork to make arrangements to pick up the participant's property within 30 days of confiscation. Participants are not permitted to give, loan, or receive personal property to or from another participant.

**CCRS Property Sheet (Updated 4/13/2022)**

<b>Clothing</b>	<b>Miscellaneous</b>
Belt (1)	Address Book (1)
Bras (4)	Batteries (4)
Pants/ Skirts/ Shorts (13 Total) <b>**To include uniforms**</b>	Battery Powered or Wind-Up Clock (1)
Shirts (11) <b>No Hoodies **To include uniforms**</b>	Facial Tissue (1 Box)
Shoes (3 pairs)	Fingernail Clippers (1)
Shower Shoes (1 pair) <b>**Required**</b>	Hairbrush (1)
Socks (7 pairs)	Hair Dryer (1)
Undershirts (5) <b>**Must be plain**</b>	Mesh Laundry Bag (1) <b>**Required**</b>
Underwear (7)	Elastic Hair Ties (8)
Coat/ Jacket (2)	Sleeping Mask (1)
Coveralls (1)	Playing Cards (1 Deck)
<b>Hygiene</b>	Religious Text (1)
Anti-Bacterial Cream (1)	Watch (1) <b>**No Smart Watches**</b>
Comb (1) / Hair Pic (Non-Metal Tip)	Rings (2)
Lotion (1) <b>**Not pure oil**</b>	Legal Papers (Related to Current Commitment Only)
Mouthwash (1) <b>**Alcohol Free**</b>	Contact Lens Case (1)
Deodorant (2)	Contact Lens Solution (1)
Disposable Razors (5)	Contact Lenses
Shampoo (1) 25.4 oz. max	Dental Floss (1 Roll)
Conditioner (1) 25.4 oz. max	Dentures (1 Pair)
Toothbrush (1)	Denture Cleaning Solution (1)
Toothbrush Holder (1)	Denture Adhesive (1)
Toothpaste (1)	Eyeglasses (1)
Towels (3)	Shaving Cream (1) 8.4 oz. max
Washcloths (3)	Calendar (1) Small
Soap/ Body Wash (1)	Headphones (1)
Shower Caddy (1)	ACCC CBT Programming books/ papers
Ear Swabs (1 Box)	Photo (1) Non-glass frame, 5x7 or smaller
Facial Cleanser (1) <b>**Alcohol Free**</b>	Agency Issued Writing Pen
Chapstick (1)	
Liquid Laundry Detergent (46 oz. max)	<b>Entry Way Lockers Only</b>
Hair Care Product (1) 12 oz. max	Hat or Cap (2)
Set of Hair Clippers Kit (1) (No Scissors or oil)	Gloves (1)
<b>Female Hygiene</b>	Rain Jacket/ Cover (1)
Makeup (8 items total)	Umbrella (Small Folding Type)
Makeup Remover (1)	Earplugs (1)
Tampons (1 Box)	Correspondence/ Mail
Sanitary Napkins (1 Box)	Earrings (1) pair
Cotton Balls (1 Bag)	Vehicle Keys
	Cell Phone (1) Must be Powered Off
	Box of Cigarettes (No Cartons), (1) lighter or book of matches, (1) vape or e-cigarette (no pipes), and loose tobacco (smokeless)
	Tools Required for job (box cutter/ safety glasses) (1)
	Chapstick (1)

ACCC will provide the following items to participants while in the Residential level of supervision. Participants are responsible to return the items clean and free of damage. If items are damaged, the participant may be charged for any damaged items.

1 Blanket                    1 Mattress  
2 Sheets                    1 Large Locker

***\*May only listen to clock/radio with headphones***

**Facility Guidelines**

1. Bunks, lockers and equipment shall be assigned by agency personnel and at no time may a participant change their assigned bunk, locker, or equipment without personnel approval.
2. Participants are prohibited from being on a bunk of another participant or in the sleeping areas their bunk is not assigned in. Participants are also not permitted in another participant's locker.
3. Participants are prohibited from leaving their assigned living unit without a Residential Officer's permission.
4. Participants must shower daily and practice good personal hygiene.
5. Bed linen shall be collected and laundered weekly.
6. Living unit noise levels should not interfere with others who are making telephone calls or attempting to read or sleep. Residential Officers shall have the final determination as to the proper noise level.
7. Radios may not be used without headphones.
8. Living unit television privileges may be suspended at the discretion of a supervisor.
9. During the hours of Midnight to 5:00 a.m. participants may be directed by ACCC staff to be in their assigned bunk and the use of telephones, computers, and television are prohibited, unless authorized by ACCC staff. Any conversations should be done at a respectable volume at ACCC staff discretion.
10. Participants may not borrow, share, sell or hold the personal items of another participant.
11. Personnel may search a participant at any time. A search of the participant's person may be conducted each time he/she enters the facility. Residential Officers may request that shoes and socks be removed during this process. Any belongings the participant brings into the facility shall be searched.
12. Male and female participants shall not occupy the same area in the facility without supervision.
13. Participants are not permitted in unauthorized areas. Under no circumstances is a participant to enter any office space or any other unauthorized area unless personnel give the participant permission to do so.
14. Horseplay or other inappropriate conduct will not be tolerated.
15. Participants are prohibited from possessing tobacco products (including electronic smoking devices), matches, or lighters while in the facility.
16. Participants are prohibited from leaving items unattended outside of the facility with the exception of items left in their means of transportation. Participants are not to hide items in the landscaping or other locations within the Residential Facility Complex.
17. Participants having a valid driver's license shall park their vehicles in the lot to the north of the building.
18. Participants are to respect the personal space of others. Participants are not permitted to physically touch another participant or agency personnel at any time.
19. Participants are not to provide false statements to any personnel.
20. Participants destroying county or agency property shall be held responsible for its replacement or repair. Criminal charges may be filed.
21. Participants are expected to complete required treatment/educational services. The treatment plan shall be reviewed with the designated Case Manager regularly, and participants shall be notified of any changes. Monthly progress reports from treatment and monthly verification of attendance at support group meetings is required.
22. Participants must work in Allen County or obtain Case Manager approval to work in a county contiguous to Allen county.
23. Participants are prohibited from working out of their home/home-office or their employer's home/home office.
24. Participants will be assigned daily in-house work details.
25. Unemployed participants may be assigned in-house work detail and/or work crew unless they have a recognized disability. The Senior Residential Services Shift Supervisor or designee shall schedule all in-house work detail hours.
26. Participant transportation arrangements are subject to ACCC staff approval. Participant vehicles must be approved in advance of the participant being permitted to have the vehicle on ACCC property.
27. In the event of an emergency, participants shall immediately follow all directions given by personnel. Participants must familiarize themselves with the location of emergency exits and evacuation route maps. To report a fire, participants shall notify personnel immediately. In the event of an evacuation, participants shall be directed to an evacuation area outside of the facility. Participants must proceed directly to the evacuation area without stopping to gather personal belongings or ask questions. Participants shall remain in the outside area until they receive further instruction from personnel.
28. Participants shall at no time loiter outside of Allen County Community Corrections. Upon returning to the premises, participants must immediately enter the facility through the assigned intake area to be physically checked back into the facility. If permission is given by ACCC staff to stop first at the entrance number 1 for the purpose of making a fee payment, participant must immediately proceed to the assigned intake area after making the payment. Traveling to any other area or location will constitute a violation and will result in sanction up to and including termination from supervision and/or a new criminal charge of Escape.

29. Allen County Community Corrections has zero tolerance relating to gang activity within the facility. Gang activity or the wearing or possession of gang symbols is prohibited. Gang-related symbols, items, or materials shall be considered prohibited property and shall be confiscated at the sole discretion of ACCC staff.
30. Participants shall not be allowed to leave the building on an approved pass 30 minutes after the approved leave time or after two (2) hours after an approved work leave time, with the exception of a medical emergency.
31. Should any participant have any contact with law enforcement, the participant must report the circumstance to his/her Case Manager.
32. Allen County Community Corrections may suspend pass privileges for any participant that has a documented communicable illness and temperature above 100 degrees. The participant must be fever free without the use of fever-reducing medication for a period of 24 hours. The participant may be housed in medical isolation during this time period.
33. Participants shall not participate in medical, pharmaceutical, or cosmetic experiments or research. This does not preclude individual treatment of a participant based on his/her need for a specific medical procedure that is not generally available.
34. Participants are not allowed to have cell phones on inside the building. Cell phones must be stored in the small intake lockers upon entry into the facility.
35. Participants are not permitted to lay on the floor.
36. Participants are not permitted to enter staff occupied areas.
37. The facility is equipped with visual and/or audio recording cameras/devices.
38. Participants are not permitted to litter on ACCC Residential Services' Property.

### **Living Unit Cleanliness**

Each living unit and bunk area is to be clean and neat in appearance at all times. Participants are required to report safety, security, maintenance, or sanitation concerns to ACCC staff.

Bunks shall be made with sheets and blankets covering them. Blankets should be on top with corners tucked in and no wrinkles.

Clothes or other items should not be on the floor, with the exception of shoes unless placed in an assigned tote under the participant's assigned bunk.

Participants are responsible for the security of their own property. Lockers should be locked at all times. Participants will be assigned a combination to their assigned locker. Participants are not to share their locker combination with any other participants. Locks can be removed at any time and in any manner to inspect the contents. The combo locks on the intake lockers may be removed at any time to inspect the intake locker contents. Items are not to be left under mattresses.

Chairs should not be in the bunk, shower or laundry areas, and should remain on the floor as intended at all times.

Toilets and sinks should be clean with no water or lime spots. Soap, toothpaste, etc, should not be left in sink area.

Showers should be dirt free with no water or lime spots. Personal items should not be left in shower area.

All areas including floors, ceilings, walls, windows, tables and chairs must be kept clean and dust free.

Participants are to keep furniture/chairs on the ground at all times. Participants are not to sit, stand, or lay on tables or place feet on tables or chairs.

Participants are not permitted to sit on the ledges of the divider walls in the pod areas.

Items should not be hanging or attached in any manner to walls, ceilings, bunks or lockers.

No open or perishable food or drink shall be left in the bunk area, with the exception of water.



Prohibited property found in any common area or dayrooms continually left untidy or unsanitary may result in living unit privileges being suspended for up to three days. These privileges include: vending, television, recreation periods, and participation in rewards. If the living unit fails the weekly/sanitation inspection, the unit may lose television privileges until the next passed inspection.

### **Computer Use**

Participants may only use the computer resource room located in his/her assigned living pod for job seeking, access to legal research, educational purposes, and for other business approved at staff's discretion. Participants may schedule a time to use a computer in their assigned pod by the available/posted sign up sheet. The computers are not for entertainment purposes. Participants shall not use the computers to create or view any obscene or pornographic material or to perform any illegal activity. Social networking sites are prohibited. Any unapproved use of a computer may result in a violation and/or restriction from future use. ACCC staff will monitor the use of the computer. No food or drink is permitted in the computer lab.

### **DNA Collection-Felony Offenders**

Pursuant to I.C. 10-13-6-10, persons convicted of any felony are required to submit a DNA sample to the Indiana State Police. Effective January 1, 2018, all felony arrestees must provide a DNA sample as well. Allen County Community Corrections staff will collect samples from those who meet criteria who do not have a DNA sample on file.

### **Discipline**

Participants who are in violation of Program rules will be subject to discipline. Under no conditions will any participant be denied sleep or food as punishment. Corporal punishment will not be used. Disciplinary action will be the responsibility of staff and shall not be delegated to participants.

### **Hygiene**

Participants must practice good hygiene and grooming habits, to include a daily shower, use of deodorant, brushing teeth, wearing clean clothing and the maintenance of clean bedding.

### **Laundry**

The laundering of personal clothing is the responsibility of the participant and should be done once a week or more frequently, as needed. Coin operated washers and dryers are located within each living pod area and are available for use twenty-four (24) hours a day. Towels and linens will be provided by ACCC and will be laundered weekly. Participants may exchange towels and bedding weekly.

### **Lockers**

Participants will be assigned both an intake locker (entryway) and a larger locker within his/her assigned living pod area at no cost. ACCC will issue a pad lock for the intake locker. ACCC staff will maintain the combinations for all lockers and search them on a regular basis. Lockers are subject to search at any time pursuant to ACCC's Search and Seizure Policy. Locks may be cut in order to perform searches. Participants will be held accountable for locker contents. A locker must only be used by the participant to whom it is assigned. Lockers are to be secured at all times. Participants are not to share their assigned combination with other participants. Perishable items and trash are not to be kept in lockers. Pod lockers are not to be moved from their assigned location. Participants are not permitted to sit on lockers.

### **Searches**

Person and/or property searches will be conducted randomly and as deemed necessary. Searches of bunks, pod living areas, lockers, vehicles/modes of transportation, will be scheduled on a regular basis, conducted randomly, and upon suspicion. All cell phones on the property are subject to search randomly and as deemed necessary. Clothed pat down and/or frisk searches will be conducted by same sex staff when participants return to the facility, upon suspicion and randomly. Participants and their property are subject to search by trained dogs.

### **Tek84 Body Scanner**

Participants are required to comply with Tek84 full body scanner searches. ACCC strives to align its operational procedures with the N43-17 standard. The provisions of the N43-17 standard should be interpreted as the joint recommendation of the FDA, NCRP, and all major radiations protection agencies in the United States.

### **Prea-Prison Rape Elimination Act**

#### **Zero Tolerance:**

ACCC is committed to zero tolerance for sexual conduct between staff, volunteers, visitors, or participants whether committed by staff, volunteers, contractors, visitors, or other participants. For further information, brochures will be accessible and posters will be visible by all persons within the Residential Facility.

#### **Notification:**

At intake, participants will receive information regarding zero tolerance, prevention and intervention, self-protection, reporting, treatment and sanctions both verbally and in writing. Participants with disabilities will receive the same information in a manner that ensures effective communication. Participants will sign a receipt of PREA information at intake.

#### **Duty to Report Sexual Conduct:**

All staff, participants, volunteers and contractors have a duty to report if they have reason to believe actual or threatened sexual conduct has occurred. Reports will be forwarded to the PREA Coordinator and/or Residential Coordinator privately. Upon the receipt of a report of actual or threatened sexual conduct, the PREA Coordinator or designee will ensure the safety of the victim.

#### **Reporting:**

If you have been a victim of sexual assault, sexual misconduct, witnessed or have knowledge of any incident of prohibited sexual behavior, you may report it or seek relief against retaliation by reporting verbally or in writing to any ACCC staff member. Call 1-855-315-0311 to report anonymously.

*Substantiation of a violation of ACCC's PREA policy will result in sanction, arrest, notice being filed with the Court and/or termination from the ACCC supervision.*

### **Information Request/Communications Form**

Participants may request to have communication with ACCC Staff. Communication request forms are located for participants in each of the living pods. Participants are to fill out the form, to include, which staff member that are seeking communication with, and place the form in the designated drop box within their assigned living pod.

## *Fee Policy*

---

### **Residential Fees (regardless of assigned program):**

Felony Initial Intake fee of \$50.00 regardless of the length of sentence  
Misdemeanor Initial Intake fee of \$250.00 regardless of length of sentence  
\$18.00 daily fee for residential only; \$23.00 daily fee for residential coupled with GPS electronic monitoring.  
Urine screen fee \$10.00 negative, \$20.00 positive (additional costs may be incurred for specialty screens  
Miscellaneous Fees \$10.00 (towels, sandals, hygiene bag)  
TB test \$25.50 (if applicable)

\*All in-house clinical and cognitive behavioral programs are included in the daily residential supervision fee.

\*\*A credit for the first thirty (30) days or \$690.00 of supervision and program participation will be applied to the current account for Residential clients on the CTP/ReEntry Program.

### **Misdemeanor OWI Direct Placements Served at Residential Services per I.C. 9-30-5-15(C):**

**One time** fee of \$250.00 paid prior to intake for up to five (5) actual days to serve at facility.

**One time** fee of \$500.00 paid prior to intake for up to ten (10) actual days to serve at facility.

**\*\*Damage to facility property will be assessed based upon the “cost of replacement or repair in the sole discretion of ACCC”\*\***

### **Non-Residential Fees**

#### Community Transition Program (CTP)

- 1) In light of my transition from IDOC, \$10.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed effective my 31<sup>st</sup> day of supervision.
- 2) A credit for the first thirty (30) days or \$300.00 of supervision and program participation will be applied to the current account.

**NOTE:** If I am released from Allen County Community Corrections’ supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*

#### ReEntry Court

- 1) In light of my transition from IDOC, a \$10.00 / day fee for electronic monitoring supervision and all programs and intervention services will be assessed effective my 31<sup>st</sup> day of supervision. If you are residing at Residential Services, a \$23.00/day fee will be assessed.
- 2) A credit for the first thirty (30) days or \$300.00 of supervision and programs participation will be applied to the current account unless I reside at Residential Services in which \$690.00 will be applied to the current account.
- 3) When successfully released from electronic monitoring supervision, a \$6.00 / day supervision fee will be assessed for the remainder of the Reentry Court program.
- 4) When successfully released from electronic monitoring supervision, but continue to reside at Residential Services, an \$18.00/day supervision fee will be assessed for the remainder of your supervision at Residential Services. Once you meet the one year requirement on ReEntry Court but remain on the program for longer than that year due to court order, you will be assessed a fee of \$9.00/day.
- 5) If I violate the terms and conditions of ReEntry Court supervision and the Judge orders my return to electronic monitoring supervision, \$10.00 / day for this electronic monitoring supervision will be assessed.
- 6) If I violate the terms and conditions of the ReEntry court program supervision and the judge orders my return to electronic monitoring supervision with placement at Residential Services, a \$23.00/day fee for this level of supervision will be assessed.

**NOTE:** If I am released from Allen County Community Corrections’ supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*

### Restoration Court and Veterans Court

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services will be assessed.
- 2) A one-time intake/orientation fee of \$50.00 is due at the time of intake and then \$23.00/day for electronic monitoring/Residential Services supervision and all programs and intervention services will be assessed.
- 3) When successfully released from electronic monitoring supervision, a \$6.00 / day supervision fee will be assessed for the remainder of the Restoration Court or Veterans Court program.
- 4) When successfully released from electronic monitoring supervision, but continue to reside at Residential Services, an \$18.00/day supervision fee will be assessed for the remainder of the Restoration or Veterans Court programs.
- 5) If I violate the terms and conditions of the Restoration Court or Veterans Court program supervision and the Judge orders my return to electronic monitoring supervision, a \$15.00 / day electronic supervision fee will be assessed.
- 6) If I violate the terms and conditions of the Restoration or Veterans Court program supervision and the Judge orders my return to electronic monitoring supervision with placement at Residential Services, a \$23.00/day fee for this level of supervision will be assessed.

**NOTE:** If I am released from Allen County Community Corrections' supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

### Deferred Sentence (Non-Problem Solving Court)

- 1) A one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$10.00 / day for electronic monitoring supervision only.
- 2) If the Court orders my participation in all ACCC programs and intervention services, a one-time intake / orientation fee of \$50.00 is due at the time of intake and then \$15.00 / day for electronic monitoring supervision and all programs and intervention services.

**NOTE:** If I am released from Allen County Community Corrections' supervision but remain engaged in programs and intervention services I will only be assessed the standard fees outlined in the below *Cognitive Behavioral Therapy Marketplace Fee Structure*.

### Courtesy Supervision Fee

- 1) A one-time processing fee of \$250.00 is due prior to the finalization of my placement with the accepting county for courtesy supervision of my sentence.

All fees described in this policy are subject to change without notice.

- In the event that a participant has an arrearage of fees from a prior case(s) in which ACCC provided supervision, additional fees may be assessed up to \$5.00 per day.

All fees paid are NON-REFUNDABLE. All fees paid will be forfeited in the event of a participant's unsuccessful discharged from any program(s).

In the event that there is an outstanding balance of a participant's account at the time of discharge, action to collect the debt may result in additional costs being added to the outstanding balance, including reasonable attorney's fees.

### Trustee Status

Participants placed at the ACCC Residential Facility may apply to be a Trustee. In the event that a participant is granted Trustee Status, he/she will be granted an \$8.00 per day reprieve of fees, thereby reducing fees at the Residential facility for a Janitorial/Laundry or Kitchen/Meal trustee to \$10.00 per day if participant is not on GPS, and \$15.00 per day if participant is on GPS.

### **Smartlink**

In the event a participant, on or off electronic monitoring, is ordered by the Court to participate/comply with the Smart Link program, the following SmartLink fees will apply:

- **Without Electronic Monitoring: \$0.25-\$0.75/per day**
- **With Electronic Monitoring: up to \$.50/per day**
- **Video Conferencing streamed (with or without electronic monitoring): \$0.35/per participant per transaction**

### **Visitors**

Participants will only be allowed to have visitors by appointment. Approved visitors will include licensed attorneys, regarding any variety of legal matters, or religious/spiritual leaders. Visitors will be approved at the sole discretion of ACCC.

Visitors are always expected to be properly dressed and wearing footwear. Proper visitor attire is at the sole discretion of ACCC personnel. Visitors with inappropriate attire shall be asked to leave. Visitors and their property are subject to search at the discretion of ACCC personnel.

Visitors must have their cell phones, and any other recording device, turned off while inside the facility.

### **Telephones**

All participants shall have limited access to phones. Telephones in the living units are to be used for all participant calls. ACCC has the capability and right to record numbers and conversations from the phones in the facility, and certain numbers may be restricted. Telephone calls are not permitted during quiet hours. Messages shall only be taken for participants with emergencies, employment, or program-related issues.

### **Emergency Plan**

An Emergency Plan for the Residential Facility will be maintained and reviewed with each participant as they enter the program. Fire extinguishers are located throughout the facility. In the event of an evacuation, participants are to follow all lawful directions given by ACCC staff and are not to re-enter the facility until authorized by ACCC staff.

### **In-Housework Detail**

Participants will be assigned daily in-house chores to complete to keep the facility safe, sanitary, and in good condition. Residential Service Officers (RSO) will assign daily chores to be completed. It is the responsibility of each participant to check the daily chore assignments and complete the task(s). An RSO will check daily to ensure chores are completed timely and appropriately.

### **Grievances**

All participants have the right to file a grievance and receive a response. A grievance must pertain to policy, condition of the facility, or personnel conduct. Grievance Forms are made available to participants in each of the living pod areas for participant access. Completed forms shall be submitted within five (5) days of the alleged violation. Completed grievance forms shall be placed in the designated drop box within each living pod. The Residential Services Coordinator will ensure the grievance is responded to within ten (10) days. If the participant is not satisfied with the outcome of the grievance investigation, he/she may appeal the decision in writing to the Executive Director, who will investigate and respond in writing within a reasonable time frame.

**Mail**

Participants should NOT put in a forwarding address of 7117 Venture Lane with the United States Post Office. Participants will be allowed to receive mail. Mail will be distributed Monday-Saturday. Mail that contains contraband, is suspicious in nature, or is otherwise prohibited will be confiscated.

**GTL/Viapath Tablets**

Participants will have access to tablets that may be used for communication while in their assigned pod living area. Tablets are not permitted to be placed in any participant locker. Headphones for will be provided and are required for tablet use. Tablets are available in each living pod for use for up to two (2) hours at a time. Participants are responsible for all fees incurred, to include any damages. Participants are responsible for the content on the tablets under his/her assigned PIN and are prohibited from sharing their assigned PIN with other participants. Access to the tablets may be revoked if they are inappropriately used. Tablets may not be used earlier than 5:00 a.m. and must be returned to the tablet charging station by midnight. Tablet use will be monitored by ACCC staff to include a review of communication content.

**Tablets for Telehealth Appointments**

Participants will have access to tablets that may be used for scheduled telehealth appointments. It will be the responsibility of the participant to notify the RSO on duty in their assigned pod that they have an appointment. The tablet will be signed out to the participant and must be returned immediately to the RSO on duty immediately after the appointment. Participants will be responsible for any damage to the devices and are to ONLY be used for his/her telehealth appointment. Use of the tablets will be monitored by staff and may result in sanctioning, to include use privileges or termination from the residential program if misused. Access to the tablets may be revoked in they are inappropriate.

Allen County Community Corrections does not discriminate based upon race, religion, national origin, gender, disability, or political views.

## **Medication Use Policy**

---

Allen County Community Corrections maintains a Medication Use Policy for all participants. As a participant at the ACCC Residential Facility, I understand that I have the following responsibilities:

I must disclose to my assigned case manager all medication(s) that I am taking, including over-the-counter medication(s).

1. I am required to take all prescription medication(s) only as prescribed by my physician.
2. Upon receipt of any medication(s), I will provide my medication(s), in their original containers, to the on-duty intake officer who will call for the medication officer. Prescription medications are to be submitted in the original bottle, with a legible label, and with the full amount of the medication present in the bottle (participants are not authorized to take any medication before it is submitted and recorded by ACCC personnel). Sample medication shall not be permitted into the facility unless the participant has a valid prescription with the medication.
3. I am required to inform my case manager of the name and contact information for each physician or healthcare practitioner that I am being treated by. I may be required to execute and update 42 CFR Part 2 consents for release of confidential information to allow my case manager to contact my physicians or healthcare providers as needed to openly discuss my diagnosis and treatment plans.
4. I understand that Allen County Community Corrections monitors my medication use on a regular basis through the use of INSPECT and that any information found is documented in my file.
5. I understand that Medication-Assisted Treatment (MAT) may be found to be an appropriate treatment intervention for me if it is recommended by an appropriate licensed physician. If MAT is recommended, my case manager will confirm that there is a valid medical treatment plan that is developed for me and that is overseen by a licensed medical physician. My valid medical treatment plan must include a diagnosis and a dosage reduction plan as well as an exit treatment plan to facilitate my on-going recovery at the completion of the MAT.
6. If I am involved in Medication-Assisted Treatment (MAT) upon the start of supervision with Allen County Community Corrections, I understand that I will be required to sign consent for release of confidential information allowing for open communication between my licensed physician and Allen County Community Corrections. I understand that I must provide a written copy of my valid medical treatment plan, my exit treatment plan and any/all other documentation requested by my case manager.
7. I cannot discontinue the use of any Medication-Assisted Treatment (MAT) without informing my case manager in advance and without consulting with and receiving a recommendation from my treatment provider/licensed physician in advance. I understand that if I discontinue any MAT without first taking these steps that it could result in a violation and sanctions being imposed upon me up to and including termination from Allen County Community Corrections.
8. If I fail to disclose to my case manager any/all currently prescribed medication(s), any changes to my prescription medication regimen, or my use of any over-the-counter medication(s) it could result in a violation and sanctions being imposed up to and including termination from Allen County Community Corrections.
9. It is the policy of ACCC Residential Facility not to administer medications to participants. ACCC staff store, document use, and observe as participants self-administer prescribed medications. All prescription medication will be delivered by the on-duty medication officers unless otherwise approved.
10. Medications shall be delivered by the Medication Officer at approximately:

Male Participants:

1:00 a.m.

7:00 a.m.

3:00 p.m.

8:45 p.m.

Female Participants:

12:45 a.m.

6:45 a.m.

2:45 p.m.

8:30 p.m.

11. Participants may take necessary medication with them when they leave the facility only if this is required by a medical provider. However, the participant must provide an additional labeled prescription bottle in order to take medication with them out of the facility. This second bottle must be returned to the Residential Shift Supervisor when the participant returns to the facility. Participants who are job searching during medication times shall not be permitted to take to-go medications.
12. Non-prescription medications from an approved over the counter medication list, may also be kept in the Medication Room and available at the above times.
13. Participants have access to medical, dental, and mental healthcare services as needed. If emergency healthcare is needed while inside the facility, the participant should contact the Residential Services Officer who shall call an ambulance if deemed necessary. If emergency healthcare is needed outside the facility, the participant should proceed to the closest emergency medical facility and call ACCC as soon as possible. Otherwise, participants are responsible to schedule their own appointments with a local doctor, dentist, or mental health professional at their earliest convenience.
14. Participant medical files shall be kept confidential.
15. Non-prescribed, approved, routine over the counter medications are available as a single dose for purchase in the vending machines located in each living pod.
16. Use of participants in medical, pharmaceutical, or cosmetic experiments is prohibited. The Executive Director may make an exception for an individual based on the need for a specified medical procedure that is not generally available.

By signing below, I \_\_\_\_\_, indicate that I have been provided, have read, understand, and agree to abide by ACCC's Medication Use Policy.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACCC Staff

\_\_\_\_\_  
Date





## RELEASE, WAIVER, AND HOLD HARMLESS

I, \_\_\_\_\_ (PARTICIPANT), being eighteen years of age or older, for and inconsideration of being accepted into a program or programs operated by Allen County Community Corrections (ACCC), hereby release and agree to hold harmless ACCC, including its Advisory Board, its Advisory Board members, its employees and agents, both personally and in their professional capacity as agents or employees of ACCC, from any and all liability for any damage and injury in connection with, or resulting from, the PARTICIPANT's participation in the ACCC program or programs in which PARTICIPANT is enrolled and/or sentenced, including but not limited to those damages resulting from riding in or upon any motor vehicle operated, assigned, leased, owned, or otherwise in use by ACCC during transportation of the PARTICIPANT by ACCC for program- or corrections-related reasons. This Release, Waiver, and Hold Harmless Agreement is effective regardless of the cause of any such damage or injury, whether through negligence or otherwise. The PARTICIPANT further releases and agrees to hold harmless Allen County, Indiana, including its Board of Commissioners of the County of Allen, and its employees and agents, both personally and in their professional capacity as agents or employees of the County, from liability for any damage or injury in connection with or resulting from the PARTICIPANT's participation in the ACCC program or programs in which PARTICIPANT is enrolled and/or sentenced. This Release, Waiver and Hold Harmless Agreement shall apply to any right of action that might accrue to PARTICIPANT, my heirs, and my personal representative. The PARTICIPANT is fully aware that he or she may be subjected to risk of property damage and/or the risk of personal injury or death while participating in programming and, specifically, while riding in or upon an ACCC vehicle, and PARTICIPANT freely and voluntarily assumes any and all risk of property damage, personal injury or death arising from participation in ACCC programming. PARTICIPANT agrees to assume all risks that may be encountered while participating in ACCC programs or while riding in or upon any ACCC vehicle and to abide by the rules established by ACCC.

PARTICIPANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Print)

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**COMMUNITY SERVICE  
RELEASE, WAIVER AND HOLD HARMLESS**

I \_\_\_\_\_ (Participant), being eighteen years of age or older, understand as part of my participation in programs at Allen County Community Corrections, including the Allen County Residential Services Facility, I may be assigned community service hours to be completed. I understand part of performing my community service may include cleaning assignments in the Residential Facility as well as trash walks on the facility grounds and roadways surrounding the Residential Facility. If not assigned community service hours, I understand I may also volunteer to participate in community service assignments, to include trash walks, at times designated by ACCC staff.

By signing below, I hereby agree to release and hold harmless Allen County Community Corrections, Allen County Community Corrections Residential Facility, including its Advisory Boards, its Advisory Board members, its employees and agents, both personally and in their professional capacity as agents or employees of ACCC, from any and all liability for damage and injury in connection with, or resulting from my participation in performing community service activities, to include trash walks, whether assigned or participated in voluntarily. This Release, Waiver and Hold Harmless is effective regardless of the cause of any such damage or injury, whether through negligence or otherwise. I further release and agree to hold harmless Allen County, Indiana, including its Board of Commissioners, its employees, and agents, both personally and in their professional capacity as agents or employees of the County, from liability for any damages or injury in connection with or resulting from my participation in ACCC programs in which I may be enrolled. I agree to assume all risk that may be encountered while participating in ACCC programs, to include community service assignments, trash walks and other activities on/about the property of ACCC Residential Services.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
ACCC Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## *Consent for Search and Seizure*

---

**I acknowledge that as a condition of placement on any Allen County Community Corrections program I will be subject to and authorize random warrantless searches and seizures of my residence, all personal property, my person and any vehicle(s) under my care *or* control. I acknowledge that if I am assigned or ordered at any time to reside at the ACCC Residential Services facility located at 7117 Venture Lane, Ft. Wayne, IN 46818 I will be subject to and authorize random warrantless searches and seizure which will include but is not limited to my person, all personal property, bunk, locker(s) as well as any vehicle(s) under my care or control. All such searches may be done without probable cause, without reasonable suspicion, with or without a search warrant and with or without any cause whatsoever. I agree to submit to such searches and seizures to verify my compliance with all conditions of supervision and understand that my refusal to do so may make me ineligible for placement with Allen County Community Corrections and/or may subject me to violation and/or termination from the program.**

- 1) Having had the opportunity to consult with legal counsel and after said consultation and being advised of my rights I do hereby freely waive my rights and consent to the random warrantless search without probable cause, reasonable suspicion, with or without a search warrant and with or without any cause whatsoever of my entire residence and all personal property, including garage(s), out-buildings, curtilage, containers or my vehicle(s) or vehicle(s) under my care or control and of my person by representatives of Allen County Community Corrections, by Allen County Community Corrections K9 and/or by any law enforcement agency or officer requested to render assistance to Allen County Community Corrections in such searches and related seizures, at any time during my program placement.
- 2) I hereby consent to the seizure of any and all property considered against policy or contraband by Allen County Community Corrections, including, but not limited to, alcohol, illegal or inappropriate drugs or substances, weapons, inappropriate property, evidence of a crime or any evidence of a violation of Allen County Community Corrections general rules or special conditions of supervision that may be found on such search.
- 3) I agree to allow the Allen County Community Corrections representatives, the Allen County Community Corrections K9 and/or any law enforcement agency or officer requested to render assistance and/or working with or for Allen County Community Corrections, to enter my residence and all personal property without invitation including garage(s), out-buildings, curtilage, containers and/or my vehicle(s) or vehicles under my care or control at any time, without prior notice, and without probable cause, without reasonable suspicion, with or without a search warrant and with or without any cause whatsoever to make inquiry into my well-being and my activities and that of others on the property to ensure my compliance with all general rules or special conditions of supervision. I agree that this provision shall apply whether I am present at my residence or not and that the aforementioned person(s) may enter my residence when the residence is unoccupied to verify my well-being and/or program compliance.
- 4) I understand that it is my sole obligation to ensure that all adults sharing my residence, space, property or vehicle(s), whether before or after I sign the general rules and special conditions of supervision with Allen County Community Corrections, understand and agree in writing to all of the general rules and special conditions and to this Consent for Search and Seizure.
- 5) I understand that as a parent, guardian or custodian of a minor child under the age of eighteen (18), who resides with me or who intermittently stays with me at my residence, I am consenting on their behalf to all of the conditions and procedures contained in this consent and specifically in sections 1,2, and 3 above.
- 6) As an undersigned adult over the age of eighteen (18) years old and sharing the residence of an individual under the supervision of Allen County Community Corrections, I understand and freely do waive my rights and consent to all provisions of this Consent for Search and Seizure and I do agree to follow and allow for the rules and conditions for Consent for Search and Seizure as fully described to me in sections 1, 2, 3, 4 and 5 above.

## *Consent for Search and Seizure (continued)*

---

---

- 7) I understand and agree that if the members of my residence or I fail to comply with this condition of supervision that I will be in violation of the general rules and special conditions of supervision with Allen County Community Corrections and I may be returned to jail forthwith and/or I may be in violation and/or terminated from the program.

I, \_\_\_\_\_, am the legal renter or owner of certain property located in  
Allen County, IN, known as \_\_\_\_\_  
(address)

If I am not the individual under the direct supervision of ACCC, I understand that \_\_\_\_\_ is under the supervision of Allen County Community Corrections, and I understand and agree that I am freely waiving my rights and consenting to the random warrantless search without probable cause, without reasonable suspicion, with or without a search warrant and with or without any cause whatsoever of my entire residence and all personal property, including garage(s), out-buildings, curtilage, containers or my vehicle(s) or vehicle(s) under my care or control and of my person at any time, without prior notice, belonging to me or to the participant under supervision or to any other resident(s) by representatives of Allen County Community Corrections, by Allen County Community Corrections K9 and/or by any law enforcement agency or officer requested to render assistance to Allen County Community Corrections in such searches and related seizures, at any time during the participant's program placement. I understand that this is a condition of the participant's placement and supervision with the Allen County Community Corrections program. I hereby consent to the seizure of any and all property considered contraband by Allen County Community Corrections representatives, including, but not limited to, alcohol, illegal or inappropriate drugs or substances, weapons, evidence of a crime or any evidence of a violation of Allen County Community Corrections general rules and special conditions of supervision that may be found on such search. I further understand and agree that as a parent, guardian, or custodian of a minor child under the age of eighteen (18), who resides with me or who intermittently stays with me at my residence, that I am consenting on their behalf to all of the conditions, provisions and procedures contained herein.

\_\_\_\_\_  
Participant Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACCC Staff Printed Name and Signature (reviewed with residents)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACCC Staff Printed Name and Signature (reviewed with participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACCC Staff Printed Name and Signature

\_\_\_\_\_  
Date



**Allen County Community Corrections  
Residential Services Program  
PREA Participant Acknowledgement Form**

I, \_\_\_\_\_, acknowledge that I have received information regarding Allen County Community Corrections' Residential Services Programs' efforts to provide participants, personnel and visitors with an environment that is free from all forms of sexual assault and sexual harassment.

The information that I have received includes, but is not limited to:

- Allen County Community Corrections' zero tolerance policy on all forms of sexual conduct between program participants, personnel, visitors, and other program participants.
- How to report incidents or suspicions of sexual abuse or sexual harassment within the facility.
- My right to be free from sexual abuse and sexual harassment and my right to be free from retaliation from reporting such incidents.
- Agency policies and procedures for responding to such incidents.

Participant's signature: \_\_\_\_\_

Information delivered by: \_\_\_\_\_

Translator signature (if needed): \_\_\_\_\_

Date and time: \_\_\_\_\_

## *Important Telephone Numbers*

---

### **ACCC Main Office**

Telephone Number (260) 449-7252  
ACCC Fax Number (260) 449-7308  
CCRS Fax Number (260) 449-4756

### **Pass Investigators**

Telephone Number (260) 449-4421

### **Random Drug/Alcohol Testing**

Telephone Number 1-260-240-2700

### **ACCC Communications Division**

Telephone Number (260) 449-7310

## *Questions / Comments / Notes*

---