Grant County

SHERIFF

Tom Jones, Sheriff

WORK RELEASE APPLICATION PACKET

February 2015

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

INTRODUCTION

The information contained in this packet is provided to answer questions you may have in regard to your eligibility to participate in the Grant County Sheriff's Office Work Release Program. An application for participation is also provided.

Participants will receive 1/6 goodtime credit. Total Work Release Program fees will be based on the daily fee multiplied by the amount of time a participant will spend in custody. In the event earned goodtime is lost, and the offender is allowed to continue to participate on the program, fees will be adjusted to reflect the additional days in custody.

Participation in the Work Release Program requires compliance with the Basic Eligibility Rules and the Rules for Participation at all times. For any violation of these rules, an offender otherwise eligible for work release may be denied entry into, or continued participation in, the program. In the event that a participant violates the conditions of, or no longer meets the basic eligibility for the program, any funds paid for participation are non-refundable.

BASIC ELIGIBILITY RULES

A. Work release must be expressly provided for in the offender's sentence or court commitment.

B. The sentence must include confinement for at least five consecutive days.

C. Offenders must pay a $25.00 application fee, payable at the time of application return, prior to determination of eligibility.

If found eligible to that point, applicants will be required to provide documentation from QCL Inc. located at 123 2nd Ave S.W. in Ephrata that the applicant has provided a urine sample for testing that indicates less than the following amounts of drug presence in the applicant's urine:

THC (marijuana)	**50 ng/ml or less**
Cocaine	**300 ng/ml or less**
Opiates	**300 ng/ml or less**
Amphetamine	**1000 ng/ml or less**
PCP (phencyclidine)	**25 ng/ml or less**

D. Participants must maintain an inmate account balance of not less than $30.00 to cover the cost of random urinalysis.

E. Arrangements need to be made with jail medical staff to have a Work Release Physical done to determine medical eligibility to be housed within the Work Release Center. You can reach medical staff at (509)-754-2011 ext. 2489.

F. Participants must arrange for their own transportation between work sites and the work release facility. A participant who drives a vehicle for this purpose must possess a valid driver's license, proof of insurance, vehicle registration certificate and current license tabs. If a participant uses public transportation (GTA), his or her work schedule must reasonably coincide with the transit schedule as not to allow for, or require an excessive amount of time waiting for buses.

G. The Chief of Corrections or his or her designee will make eligibility determinations.

H. "On call" employment may be grounds for denial of program participation.

I. Employment or education that requires you to be away from the facility for longer than 16 hours per day, or does not allow for regularly defined hours of work or attendance may be grounds for denial.

J. If accepted to participate, any change of employment, education, treatment programs, or the hours, schedule, or location of employment, education, or treatment must be immediately reported to Work Release staff.

PARTICIPATION FEES

A COPY OF YOUR MOST RECENT PAY STUB IS REQUIRED WITH THE RETURN OF YOUR WORK RELEASE APPLICATION.

Daily participation fees are based on your documented wage (verification will be required from your employer). A sliding scale determines your daily fee by multiplying your hourly wage by 173.33 (normal average monthly hours). This amount is then multiplied by .01. Any partial dollar amount is rounded to the closest dollar. This fee is then multiplied by 7 for the weekly fee. The fees range from the minimum of $15.00 per day to the maximum of $56.00 per day, pursuant to standards adopted from time to time by the Grant County Sheriff. **Program fees will be paid weekly, in advance.** Commitments from outside of Grant County will be charged a flat fee of $56.00 a day.

Out of County Commitments will be charged a flat fee of $56.00 a day.

Example:
If you're hourly wage is $8.67 per hour:

173.33
x $8.67
= $1502.77
x .01
= 15.02 or $15.00 per day

There is a minimum $15.00 per day fee, and a maximum $56.00 per day fee.

$84.00 of your weekly fee will be used as payment for the rental of electronic monitoring equipment which will be used to monitor your whereabouts while participating on the program. This will require your weekly fee payment to be made in two parts. One part of your weekly payment will be in the form of a money order in the amount of $84.00, made payable to **Grant County Work Release Center.** The remaining balance of your weekly fee will be paid in the form of a money order payable to the **Grant County Work Release Center. Cash will not be accepted for either payment**.

Keep this page for your reference

ALL PROGRAM FEES ARE NON-REFUNDABLE

Allow 3 working days for application review, and then contact the Work Release Center for determination of your eligibility. The telephone number to contact the Work Release Center is (509) 754-6521.

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

FREEQUENTLY ASKED QUESTIONS

Will the corrections staff wake me or tell me when its time for work? No, you are permitted to bring one battery operated or manual alarm clock into your dorm. You will also need to inform the Work Release Staff 15 minutes prior to your scheduled out time.

How do I get my work clothes washed? The Work Release Center provides laundry service for your work clothing. Laundering will only consist of washing, drying and folding your clothing. No dry cleaning, ironing, hanging or other special cleaning needs will be done.

How many changes of clothing do I need to bring? The Work Release Center will provide you with a locker. These lockers have a limited amount of space for the storage of your personal belongings. If items can not fit in the locker they will not be allowed in the facility.

Where do I turn myself in to start my jail time? You will need to turn yourself in at the Work Release Center located at 1631 E. Division in Ephrata, WA. You will also need a valid ID card when turning yourself in. If you are driving yourself ask the corrections staff about parking for your vehicle.

How long after I turn in my application before I can start my jail time? The application process can take up to 10 working days. Allow enough time to be approved for the program before your court ordered start date. The Work Release Center can not grant any extensions to a court ordered start date. You can check the status of your application 3 working days after you have turned it in.

When do I make my first work release payment? The first payment will be due when you turn yourself in to start your jail sentence. You will then be required to make a payment every week. Failure to make your weekly payment can result in your removal from the program. In addition to the above you will be required to have an additional $30.00 for your inmate cash account. If you do not have these funds at the time you turn yourself in your entrance into the program will be denied until you do have the funds.

Keep this page for your reference

GRANT COUNTY WORK RELEASE CENTER
WORK RELEASE PROGRAM CHECKLIST

Do you have all the necessary documents?

- ☐ Work Release Application Packet page 1- 7 completed by you
- ☐ Work Release Application Packet page 8 completed by your employer
- ☐ Court Paperwork
- ☐ $25 exact cash or money order for application fee
- ☐ Driver's License
- ☐ Proof of vehicle insurance
- ☐ Vehicle Registration
- ☐ Most recent pay stub

Bring all these documents to the Work Release Center. Your application process will begin with a review of your criminal history. This process will take 1-3 days.

You will then be instructed to take the UA test form to the QCL lab located behind Les Schwab in Ephrata. This process takes 1 – 3 days.

If your UA test results are negative then you will be instructed to call the nurse at the main Grant County Jail and schedule a physical exam. 509-754-2011 x 2489

If your physical comes back clear, a staff member will call you to schedule a time to check in for the work release program.

Refer to your Work Release Application Packet for more details on the program or call our office at 509-754-6521

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

PERSONAL HISTORY

PERSONAL DATA

Name: _____, _____ Date of Birth: ____/____/____
Last First Middle

Home Address: _____ Telephone: (___)____-_____

City: _____ State: _____ Zip:_____

Place of Birth: _____ _____ _____
City State Country

Drivers License or ID Number: _____ Issuing State: _____

CHARGE INFORMATION

Current Charge or Charges: _____

Case Numbers: _____

Sentencing Court: _____ Sentencing Judge: _____

Date Sentence is to Begin: _____/_____/_____ Number of Days to Serve: _____

ARREST HISTORY

Previous Convictions: State "none" if you have no prior arrest history: _____

Arrest Date	Where	Arresting Agency	Charges

PROBATION

Are You On Probation? _____ Yes, _____ No How long? _____

For? _____

Who is Your Probation Officer? _____

Probation Officer's Phone Number: (_____)_____-_____ ext _____

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

TRANSPORTATION INFORMATION

What arrangements have you made for your transportation to and from work? If Grant Transit will be used for transportation, indicate below all transfer points and times also include with the application a copy of a valid bus schedule indicating the bus times and routes.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Give full name of driver(s) if private individual is providing transportation:

_____

_____

_____

_____

If you will drive yourself, provide the following information:

Drivers License Number and Issuing State: _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ Vehicle License Number: _____

I understand that I am responsible for providing my transportation to and from my place of work, to and from medical and probation officer visits, and to and from any other appointment approved by the Program Manager or his designee. I also hold Grant County, the Grant County Sheriff, the Grant County Sheriff's Office and its employees harmless of liability for any incidents that may occur during such transportation and do so indicate by my signature below.

_____ _____

Signature **Date**

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

MEDICAL INFORMATION

Do you have a medical condition or medical history where a doctor's orders require special considerations or medications? If so describe below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Written verification of such doctor's orders will be required for review and approval by the Work Release medical provider.

Are you required to take any prescription medications? If so, give the names and prescribed dosage requirements below:

Medication name	**Dosage amount**	**How may times daily?**
Medication name	**Dosage amount**	**How many times daily?**
Medication name	**Dosage amount**	**How many times daily?**
Medication name	**Dosage amount**	**How many times daily?**

ALL PRESCRIPTION MEDICATION MUST BE PRESENTED TO WORK RELEASE STAFF FOR APPROVAL BY MEDICAL PERSONNEL. ALL MEDICATIONS MUST BE PRESENTED TO STAFF IN THEIR PROPER PRESCRIPTION CONTAINER OR PACKAGING.

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

MEDICAL INFORMATION RELEASE FORM

As a participant on the Grant County Sheriff's Office Work Release program, I hereby authorize any practitioner or health care provider to release medical information to the Work Release Program Manager and/or his designee in regard to any treatment that I may receive while participating on the Work Release program.

I understand that this information will be used as verification of my whereabouts during authorized leaves of absence from the facility for necessary medical or dental treatment.

_____ _____

Signature Date

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

MEDICAL APPOINTMENTS AND CARE

Participants on the Grant County Sheriff's Work Release Program are responsible for scheduling medical appointments, receiving prior approval from the Program Manager 5 days in advance to attend medical appointments, and are responsible for any costs incurred due to medical treatment. If emergency medical treatment is required while at the Work Release Center site, staff may provide transportation as a courtesy to the participant, or may call for an ambulance. Any cost incurred for ambulance transport will also be the responsibility of the participant.

By my signature I state that I understand the preceding stipulations:

_____ _____

Signature Date

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

WITHDRAWAL OF FUNDS FOR URINALYSIS TESTING

As a participant on the Grant County Sheriff's Office Work Release program, you may be required by staff to take a random, on site urinalysis drug screening test. In the event the screening test returns a positive result you will be considered in violation of the program rules and removed from the program.

You will have the option to have the sample, lab tested, by QCL, Inc. At which time your sample will be sealed, and a property release form for $25.00 to QCL, Inc. completed by you. The following business day the sample and payment will be delivered to QCL, Inc. for lab testing. The results obtained from QCL, Inc. will be considered final.

By my signature below, I hereby authorize the Grant County Jail to deduct $5.00 from my inmate cash account for the cost of each, on site urinalysis drug screening test kit used during my participation on the work release program.

_____ _____

Signature Date

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

GLOBAL POSTIONING SATELLITE TRACKING

As a participant in the Grant County Sheriff's Office Work Release program, I will be required to carry GPS tracking equipment and safe guard it from damage and/or neglect when out of the facility.

By my signature below, I hereby authorize the Grant County Jail to deduct any outstanding GPS tracking fees from my inmate cash account. I also understand I am responsible for cost of repair or replacement of GPS tracking equipment damaged or lost by me while a participant in the Work Release Program. Any intentional damage to equipment will result in the filing of criminal charges.

_____ _____

Signature Date

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

PROGRAM RULES

All work release program participants will be required to meet and maintain basic eligibility requirements, and to understand and follow all rules pertaining to work release and the rules of the facility in general.

Any participant found to have violated any of these rules may be removed from the program and could possibly have new criminal charges filed against them.

It will be your requirement to read and understand the rules of the program. You will indicate your understanding by writing your initials in the space provided before each rule, and again by your signature at the end of the rules form.

RULES FOR PARTICIPATION

_____ 500. Participants must obey all federal, state, and local laws.

_____ 501. Participants must pay all fees one week in advance.

_____ 502. Participants must report in with the facility staff immediately upon return to the work release facility.

_____ 503. Participants must immediately report to facility staff any termination, suspension, or other change in the status of their employment, education or treatment programs, or the hours, schedule or location of employment, school or treatment.

_____ 504. Participants must immediately report to facility staff any change in status of their driver's license, or, where applicable, proof of insurance, vehicle registration or vehicle license tabs.

_____ 505. Participants must not use or possess any controlled substance (except by valid prescription) or alcohol. Upon request of facility staff, participants must cooperate in search, including strip search, of the person and or possessions of a participant upon any entry or return to the work release facility. Participants, upon request, must immediately provide a breath sample and, within one hour of staff request, provide a urine sample for alcohol and drug testing. Any indication of alcohol use detected by a portable breathalyzer unit, or drug use detected by an on site urinalysis test will be probable cause for termination from the program.

_____ 506. Participants for whom medications are validly prescribed must immediately notify facility staff thereof, and, upon request, provide written proof of validity of the prescription. Participants must take prescription medications only in compliance with the prescribed instructions.

_____ 507. Upon release, participants must proceed directly to their approved work, school or treatment sites, and at the times directed, return directly to the work release facility. Participants must have prior approval from facility staff to deviate in any manner from the approved schedule, including going to any place other than the approved work, school or treatment sites.

_____ 508. In the event of any unavoidable delay in returning at approved times to the work release facility, participants shall promptly notify facility staff thereof.

_____ 509. Participants must fully and regularly attend approved work, school or treatment programs, except when absence is properly excused by the employer, school or treatment provider.

_____ 510. Upon request of facility staff, a participant must fully account for his or her activities during any authorized leave.

_____ 511. Regardless of previously authorized leave, a participant must return to the work release facility within one hour of any request from facility staff to do so.

_____ 512. Participation in work release will be immediately terminated upon a determination by the work release Lieutenant that a participant has forged, counterfeited, reproduced, or misrepresented without authority any written material or verbal orders (overtime verification or request, physician's note, etc.), or has presented the same to facility staff knowing such written or verbal orders or verification to be false.

_____ 513. Participants must comply with all inmate rules and regulations of the work release facility.

_____ 514. Participants will not tamper with or damage electronic monitoring equipment.

_____ 515. Any Participant found to have intentionally attempted to circumvent electronic monitoring equipment system safeguards will be deemed in violation.

_____ 516. Repeated technical violations of the electronic monitoring equipment system safeguards could result in ineligibility for participating on the program.

By my signature I indicate that I have read and understand the foregoing rules of the work release program. I further indicate by my signature all information provided in order to apply for and secure placement in the Work Release Program is true, complete and correct.

_____ _____

Signature Date

Grant County SHERIFF

Tom Jones, Sheriff

Dave Ponozzo
Undersheriff
Office 509-754-2011
ext. 2021
Cell 509-750-7302
ponozzo@grantcountywa.gov

Ken Jones
Chief Deputy
Field Operations
Office 509-754-2011
ext. 2018
Cell 509-750-7303
kjones@grantcountywa.gov

Ryan Rectenwald
Chief Deputy
Special Operations
Office 509-754-2011
ext. 2017
Cell 509-750-7304
rectenwald@grantcountywa.gov

Joe Kriete
Chief Deputy
Corrections
Office 509-754-2011
ext. 2026
Cell 509-750-2710
jkriete@grantcountywa.gov

Darrik Gregg
Chief Deputy
Emergency Management
Office 509-754-2011
ext. 2001
Cell 509-237-3552
dgregg@grantcountywa.gov

Tracy Williams
Administrative Assistant
Office 509-754-2011
ext. 2014
Cell 509-237-2278
williams@grantcountywa.gov

Dear Employer,

I would like to thank you for allowing your employee to take part in this alternative sentencing program and explain your part in the program. The work release program is administered by the Grant County Sheriff's Office to allow offenders sentenced to jail time the ability to comply with the courts order while maintaining their employment. The work release program is not home detention. Participants live at the Work Release Center, and are released only for work related purposes, medical appointments, court appearances, etc.

As the employer, you play an important part in the verification of the employee's work hours. It is required that your employee provide a copy of their weekly time card documenting the time they start and cease work, for each working day. If your organization does not use a time card, a generic time card can be provided upon request. All time cards turned into the Work Release Center as verification of hours worked will require the signature of the employer.

It will be necessary for your employee to have consistent work hours and not have frequent schedule changes. An applicant or participant whose employment or working conditions lack consistent work hours, requires frequent schedule changes, or is employed on an "on-call" basis will be denied participation in the program. We do understand employees will occasionally need to work overtime on short notice, or may require schedule changes from time to time. In such cases, the Work Release Center must be notified prior to the change and with as much advance notice as possible. You can send scheduled changes back with your employee or fax them to the Work Release Center (509 754-6525). All requests for overtime and schedule changes must be on company letter head, signed by the employer. Again, please keep in mind that excessive schedule changes could result in denial of the employees continued participation. Any request that would cause your employee to be out of the confines of the jail for more than 16 hours will be denied.

Your employee is also required to call and notify the Work Release Center of any change in their work location, or on any occasion where they would need to leave the work site. This allows the Work Release Staff to perform required, unannounced jobsite visits of your employee. Failure to find your employee at their assigned work location could result in their removal from the program, and your loss of the employee for the remainder of the participant's jail sentence.

Along with this letter, your employee should have provided you with an "Employer Provided Information" sheet. Please complete this form and have your employee return it with his/or her application. If you have any further questions about the program please contact the Work Release Center at 509-754-6521.

Phillip Coats, Lieutenant
Program Administrator

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

EMPLOYER PROVIDED INFORMATION

Employee's Name: _____

Employee's Job Title: _____

Employee's Hire Date: _____ Current Wage: $_____ per _____
(Indicate hour, week or month)

Business Name: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Telephone: (_____) _____-_____ Fax Number: (_____) _____-_____

Business License #_____ UBI #_____

State Tax #: _____ or Contractors License #: _____

Employee Work Schedule

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time							
End Time							

(Please indicate a.m. and p.m. on the above start and end times)

Weekly copies of the employee's time card will be required for verification.

By my signature below, I indicate agreement to notify the Work Release Program staff of any of the following conditions in regards to the above named employee: **absence from work, tardiness, deviation from work schedule, termination, and lay off, use of alcohol and/or drugs.** I also understand that changes to the above schedule should be kept to a minimum. Any change to the employees schedule will be done in writing and be sent to the Work Release Center.

Employer's Signature: _____ Date: _____

Printed Name: _____ Contact Number: (____) ____-_____

Position/Title: _____

Please provide additional signatures for those supervisory or scheduling personnel whom are allowed to make changes to the employee's work schedule. Schedule changes not signed by those listed will not be honored. Additional signatures can be provided on the back of this form.

Signature: _____ Date: _____

Printed Name: _____ Contact Number: (____) ____-_____

Position/Title: _____

Signature: _____ Date: _____

Printed Name: _____ Contact Number: (____) ____-_____

Position/Title: _____

Return this page with your application after being completed by your employer.

GRANT COUNTY SHERIFF'S OFFICE
WORK RELEASE PROGRAM

Employment Duties and Environment

Describe below your daily work activities. Provide as much detail as possible about your daily work routine: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe below your working conditions and environment. Indicate if most of your work time is spent indoors or outdoors: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

INSTRUCTIONS:

1. Please make an appointment in advance by calling QCL, Inc. at: 800-770-3944 ext. 402
   Physical Address: 123 2nd Ave. SW, Ephrata, WA 98823
   (QCL is located across the street from Granco Federal Credit Union and behind Les Schwab in a two story white house)
2. The testing fee is $55.50 which must be paid via cash, Visa/Mastercard, or money order made payable to QCL, Inc. (Note: If paying with cash please make exact payment amount as QCL does not carry change). Please bring your payment, this consent forms and a photo ID at the time of collection.
3. When the test results are received, QCL will forward them directly to:
   Grant County Work Release Center

AUTHORIZATION TO RELEASE INFORMATION/CONSENT

I, _____, Authorize QCL, Inc. to release any and all information obtaining during this testing procedure to the authorized personnel listed below.

I further understand that I have the right to receive a copy of this authorization upon my request.

_____ _____

Donor's Signature Date

Authorized Personnel:

Grant County Work Release & Crew
1631 E Division Ave.
PO Box 37
Ephrata, WA 98823
Phone: 509-754-6521
Fax: 509-754-6525

Keep This Page for Drug Analysis Testing