



Eric J Holcomb
Governor

Robert E Carter Jr
Commissioner

LaPORTE JUVENILE CORRECTIONAL FACILITY
2407 N 500 W · LaPorte, Indiana 46350
Phone: (219) 326-1188 · Fax (219) 326-9218

Jason Smiley
Warden

**Please complete ALL required documents and return ASAP.
Note that some documents are double sided.**

Documents can be *emailed to:*

LGorbonosenko@idoc.in.gov

Or mailed to:

**LaPorte Juvenile Correctional Facility
Attn: Laura Gorbonosenko
2407 N 500 W
LaPorte, IN 46350**

Or faxed to:

219-326-9218

Please note that Applications for Visitation & Authorizations for Minor Child to Visit, cannot be faxed. These must be emailed or mailed.

Any questions please call, Laura Gorbonosenko at: 219-326-1188, ext 211



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GUARDIAN MUST MAKE ENOUGH COPIES NEEDED OF BLANK FORMS FOR EACH PERSON REQUESTING VISITATION.

- Birth Certificate – children 15 and under**
 - Submit a legible copy of birth certificate
 - Can be faxed, emailed, or mailed

- Statement of Trafficking Laws and Authorization for Search – State Form 41465**
 - Must be reviewed and signed by parent/guardian
 - Can be faxed, emailed, or mailed.

- Birth Certificate and Social Security Card**
 - Send in a copy of your daughter's birth certificate.
 - Send in a copy of your daughter's social security card.

- Application for Visiting Privileges – State Form 14387**
 - All persons requesting visitation including guardian(s) and minor(s) must complete and sign form
 - (Guardian must complete and sign form for all minor(s)).
 - Cannot be faxed -- must be mailed or emailed.

- Photo ID – 16 and older**
 - Submit a legible (state issued) copy of a valid photo ID.
 - Can be faxed, emailed (preferred), or mailed, but must be a legible copy

- Authorization for Minor Child to Visit – State Form 48965**
 - To be completed ONLY if the child is brought to this facility by someone other than the child's guardian.
 - Must be NOTARIZED
 - Cannot be faxed -- must be mailed

- Parental/Legal Guardian Expectations**
 - Guardian must review, sign, and return this form.
 - Can be faxed, emailed or mailed

- Mental Health Letter (review and keep for your records)**

- Developmental History Form – Youth**
 - Guardian must complete, sign, and return to LPJCF
 - Can be faxed, emailed, or mailed

- LPJCF Rules, Policies, and Guidelines (review and keep for future reference)**

**PLEASE RETURN FORMS TO ATTN: LAURA GORBONOSENKO, at the above address, fax number, or email
address: LForbonosenko@idoc.in.gov**



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Jason Smiley
Warden

Dear Guardian:

We are required to have a copy of your daughter's Birth Certificate and Social Security Card on file. Please send a **copy** of these to my attention as soon as possible:

If you are unable to locate either of the above, we may be able to obtain a copy if you provide us with the required information.

Full Name at Birth: _____
Adopted Name: _____
DOC / DOB _____
Mother's full name (Including Maiden): _____
Father's full name: _____
Place of birth: _____
Hospital: _____
City / State: _____
County: _____
SSN: _____
Citizenship: _____
Ethnicity: _____

Sincerely,

Laura Gorbonosenko
Program Director
219-326-1188, ext 211



STATEMENT OF TRAFFICKING LAWS AND AUTHORIZATION FOR SEARCH

State Form 41465 (R5 / 6-15)
DEPARTMENT OF CORRECTION

The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

Indiana Code states:

- (b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:
 - (1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an inmate or child of the facility;
 - (2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility; or
 - (3) delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an inmate or child of a jail work crew or community work crew; or
 - (4) possesses in or carries into a penal facility or a juvenile facility:
 - (A) a controlled substance; or
 - (B) a deadly weapon;

commits trafficking with an inmate, a class A misdemeanor.

- (c) If the person who committed the offense under subsection (b) is an employee of:
 - (1) the department of correction; or
 - (2) a penal facility;

and the article is a cigarette or tobacco product (as defined in Indiana Code), the court shall impose a mandatory five thousand dollar (\$5,000) fine under Indiana Code, in addition to any term of imprisonment imposed under Indiana Code.

- (d) The offense under subsection (b) is a Class C felony if the article is:
 - (1) a controlled substance; or
 - (2) a deadly weapon; or
 - (3) a cellular telephone or other wireless or cellular communications device.

A person who commits a Class A misdemeanor shall be imprisoned for a fixed term of not more than one (1) year; in addition, he/she may be fined not more than five thousand dollars (\$5,000). A person who commits a Class C felony shall be imprisoned for a fixed term of four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances. In addition, he/she may be fined not more than ten thousand dollars (\$10,000).

It is a Class C infraction for a person to furnish an alcoholic beverage to a person confined in a penal facility. It is unlawful, also, for a person who has charge of a penal facility to knowingly permit a prisoner confined within his/her jurisdiction to receive an alcoholic beverage unless it has been prescribed by a physician as medicine for the prisoner or unless it is distributed as sacramental wine for a religious purpose by a minister, priest, or rabbi.

A person who commits a Class C infraction may be fined not more than five hundred dollars (\$ 500).

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility at any time that the Facility Head or designee authorizes. Such searches may include work areas, post assignment, and my living quarters, if on State property.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility or to be removed from a facility and may constitute grounds for disciplinary action or referral for prosecution.

Signature	Date signed (month, day, year)
Signature of witness	Date signed (month, day, year)



APPLICATION FOR VISITING PRIVILEGES

State Form 14387 (R11 / 7-19)

DEPARTMENT OF CORRECTION

INSTRUCTIONS: 1. Please print. 2. All fields must be completed. 3. Sign the application. 4. Return this application to the offender's counselor as indicated at the bottom of this document. 5. Do not attempt to visit until the offender notifies you that your application was approved. 6. For persons age sixteen (16) and older, submit a legible copy of photo identification. 7. For children under age sixteen (16), submit a legible copy of their birth certificate. 8. Submit a separate application for each applicant, including children.

OFFENDER INFORMATION	
Name of offender	DOC number

The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and you (or parent / guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send you a copy of the rules for visitation. We do not give out this information by telephone.

APPLICANT INFORMATION					
Name of applicant (<i>last, first, middle</i>)			Date of birth (<i>month, day, year</i>)	Gender	Race
Current address (<i>number and street, city, state, and ZIP code</i>) - <i>Must match identification used.</i>			E-mail address		Telephone number ()
Driver's license number	State of Issue	State identification number	State of Issue	Other approved identification number	Type
Are you related to the offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how? (<i>Must be immediate family.*</i>)			

** Immediate family is limited to mother, father, siblings, spouse, children, grandparents, grandchildren (including those with "step", "half", or adoptive relationships), and those persons with the same relationship to the offender's spouse. Up to a maximum of twelve (12) persons will be allowed on the offender's contact list.*

Applicant under eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on parole / probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (<i>Attach additional sheet, if necessary</i>)		Why? (<i>Attach additional sheet, if necessary</i>)
<i>If you answered "Yes" to any of the questions in bold, you must submit a special written request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole / probation, you must also submit written approval from your Parole / Probation Officer.</i>			
Are you currently or formerly an employee of the Indiana Department of Correction or any correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, location		Last date of employment (<i>month, day, year</i>)
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of offender	DOC number	Relationship
Are you now, or have you ever been, a volunteer or contract employee at an Indiana correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of facility		Type of volunteer

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By signing below, you are indicating that:	
<ul style="list-style-type: none"> ● You have read, understand, and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility. ● You understand that you, your property, and your vehicle, while on Department of Correction grounds, are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment, and /or search dogs. You <u>will</u> be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility. ● You understand that a criminal background / warrants check will be performed for each individual applying for visiting privileges. ● You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items, or electronic devices, including cellular telephones, pagers, or other communication devices is strictly prohibited. Medication and money / currency may only be possessed in accordance with Department rules. ● You understand that visits are monitored and videotaped. ● You understand that placing an offender on any kind of pen-pal forum or social media will result in disciplinary action for the offender, even if the offender was unaware he/she was placed on any kind of pen-pal forum or social media. ● You certify that all of the information provided on this application is true, correct, and as up-to-date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc. 	
Signature of applicant	Date (<i>month, day, year</i>)
Signature of parent / legal guardian (<i>if under eighteen (18)</i>)	Date (<i>month, day, year</i>)

RETURN THIS FORM TO:	
Name of facility	Attention: Counselor of _____ Housing Unit
Address of facility (<i>number and street, city, state, and ZIP code</i>)	

FOR OFFICE USE ONLY		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (<i>please sign legibly</i>)	Date (<i>month, day, year</i>)



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: WARDEN

FACILITY: LaPorte Juvenile Correctional Facility

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

_____	_____
_____	_____
_____	_____

This document authorizes that the above-named child(ren) is (are) authorized to visit the above-named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____

(Relationship) _____.

I am fully aware that the above-named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public, in and for said County and State personally appeared, _____,

who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date

JUVENILE SERVICES DIVISION

PARENT/LEGAL GUARDIAN EXPECTATIONS

Parent/Legal Guardian Name: _____

youth Name: _____ DOC #: _____

As a parent/legal guardian of a youth at this facility, your interest and involvement in her program is very valuable. The following information explains what will be expected of you while your daughter resides at this facility. Your initials in the spaces provided below indicate your understanding of each provision.

COMMUNICATION

_____ You are expected to keep your daughter's primary service provider and field agent updated about any changes in the home (ex: change of address, marriage, divorce, arrests, change of employment, change in residents living in the home, etc.).

_____ You are expected to maintain contact with your daughter while she is residing at this facility (phone calls, visits, mail).

_____ You are expected to communicate openly and honestly with the staff of this facility, the field agents, and community service providers regarding any issues related to your daughter.

_____ You should expect notification from the facility if there are any significant changes in your daughter's program such as transfer to another facility, medical emergency, etc.

_____ You are expected to assist the field agent in completing the Placement Confirmation.

VISITATION

_____ You are expected to know and follow all rules of visitation.

_____ You are encouraged to visit on a regular basis.

_____ You are expected to arrive on time for visitation.

_____ You are expected to complete and have notarized the *Authorization For Minor Child To Visit* form (if applicable) and complete the *List of Approved Visitors* form and return to your daughter's assigned counselor.

_____ You are expected to be aware of the trafficking laws that apply to this facility and you are expected to follow those rules.

TREATMENT

_____ You are invited and encouraged to attend designated treatment team meetings related to your daughter.

_____ You are expected to attend and participate in counseling, if recommended by the treatment team or field agent.

_____ You are expected to positively support and encourage your daughter in completing her treatment program.

_____ You are expected to be aware of the components of the Comprehensive Case Management System (CCMS) and the requirements that will be placed on your daughter to earn release.

_____ You are expected to understand that your daughter's length of stay is indeterminate and that she will be released only when she has met the requirements of the IGP/ITP, (if applicable).

RELEASE

_____ You are expected to ensure that your daughter follows the rules of her release and report any rule violations.

_____ You are expected to ensure that your daughter actively participates in any programs she is assigned to as a part of release.

_____ You are expected to participate in any release programs as recommended by the primary service provider, field agent or community service provider.

_____ You are expected to positively support your daughter in her achievement of release expectations.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home once your daughter has been released.

_____ It is the guardians responsibility to pick up their daughter at this facility upon release.

By initialing by each of your expectations, you are indicating your understanding of that expectation. If you do not understand an expectation, please feel free to contact your daughter's counselor. You agree to abide by these expectations and understand that by not cooperating you could jeopardize the placement of your daughter in your home.

Parent/Legal Guardian Signature

Date

Witness Signature

Date



JUVENILE DEVELOPMENTAL HISTORY QUESTIONNAIRE

State Form 54393 (9-10)

INDIANA DEPARTMENT OF CORRECTION

INSTRUCTIONS: To be completed by parent(s) or primary caregiver and returned to the Mental Health Department at the Youth's current correctional facility. Please carefully review all questions and answer to the best of your ability. Notably, not all questions will apply to your child / dependent. A mental health professional assigned to your child / dependent may contact you to clarify answers or obtain further information. Please describe **emotional / behavioral concerns** about youth, as they apply.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD / ADHD)

Please describe the age of **onset** for behaviors that you think may be associated with ADD / ADHD. Age of youth in years: _____

Please describe the **severity** of such behaviors.

Mild Mild-moderate Moderate Moderate-severe Severe Incapacitating

Please describe the current **status** of such behaviors.

Worse No Change Improved Resolved

Please describe the current **frequency** of such behaviors.

Random Constant Daily Weekly Monthly

Please describe the youth's **quality of life**.

Behaviors create problems at home. Yes No

Behaviors create problems at school. Yes No

Behaviors create problems at work. Yes No

Behaviors create problems socially. Yes No

Other _____

Please describe the **context** of such behaviors.

Behaviors have persisted for greater than six (6) months. Yes No Behaviors began before age seven (7). Yes No

Lead exposure Yes No

Other _____

Please describe **aggravating** factors.

Deadlines Yes No

Distractions Yes No

Stress Yes No

Tasks requiring attention to detail Yes No Nothing

Other _____

Please describe **relieving** factors.

Behavior therapy Yes No

Dietary modification Yes No

Stimulant medications Yes No Nothing

Other _____

Please describe **associated symptoms**.

Bored easily Yes No

Difficulty waiting turn Yes No

Disorganized Yes No

Distracted easily Yes No

Emotionally labile Yes No

Excitable Yes No

Fidgets / squirms Yes No

Frequent careless mistakes Yes No

Frustrated easily Yes No

Impulsive Yes No

Inattentive Yes No

Loses / forgets things Yes No

Poor self-image Yes No

Reckless Yes No

Restless Yes No

Short attention span Yes No

Talks excessively Yes No

Unable to follow directions Yes No

No associated symptoms

Other _____

Additional comments:

DEPRESSION

Please describe the age of onset for behaviors that you think may be associated with depression. Age of youth in years: _____

List the year of the first episode of depressive behavior or symptoms. _____

If treated, list the initial visit date (month, day, year). _____

Please describe the current frequency of such behaviors.

- Several days in the past two (2) weeks More than half the days in the past two (2) weeks
 Nearly every day in the past two (2) weeks Two (2) years or more without a significant break in symptoms
Other _____

Please describe the current status of such behaviors.

- New episode Improved Remission Unchanged Worsening

Please describe the severity of such behaviors.

- Mild Mild-moderate Moderate Moderate-severe Severe Incapacitating

Please describe context / risk factors associated with youth's past medical / psychological history.

- Alcohol use Childhood abuse or neglect Death of a friend or loved one
 Financial worries Medication: _____
 Recent childbirth Relationship problems Social isolation
 Substance abuse Unemployment Victim of abuse or violence
Other _____

Please describe the youth's level of functioning with difficulty in meeting home, work, or social obligations.

- Extremely Not at all Somewhat Very

Please describe aggravating factors.

- Alcohol use Conflict or stress at home or work Lack of sleep Medications
 Traumatic memories Winter season Nothing
Other _____

Please describe relieving factors.

- Alcohol Conversing Drugs Exercise Light
 Medication Nothing Rest Spring season
Other _____

Please describe associated symptoms.

- | | | | |
|---|--|---|--|
| Anxious, fearful thoughts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Compulsive thoughts or behaviors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depressed mood | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diminished interest or pleasure | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fatigue or loss of energy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Feeling of guilt or worthlessness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hallucinations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manic episodes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Panic attacks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Poor concentration, indecisiveness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restlessness or sluggishness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Significant change in appetite (weight loss or gain > 5%) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sleep disturbance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Thoughts of death or suicide | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> No associated symptoms | | | |
- Other _____

Additional comments:

OTHER AREA OF CONCERN

Such as: Anxiety Trauma Psychosis Self-harm Violence toward others

Other _____

Please describe the age of **onset** for behaviors that you think may be associated with the other area of concern. Age of youth in years: _____

Please describe the **severity** of such behaviors.

- Mild Mild-moderate Moderate Moderate-severe Severe Incapacitating

Please describe the current **frequency** of such behaviors.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Two (2) times per week | <input type="checkbox"/> Three (3) times per week | <input type="checkbox"/> All the time |
| <input type="checkbox"/> Almost all the time | <input type="checkbox"/> Almost always | <input type="checkbox"/> Almost never |
| <input type="checkbox"/> Always | <input type="checkbox"/> Constantly | <input type="checkbox"/> Daily |
| <input type="checkbox"/> Every month | <input type="checkbox"/> Every two (2) months | <input type="checkbox"/> Frequently |
| <input type="checkbox"/> Intermittently | <input type="checkbox"/> Never before | <input type="checkbox"/> Morning only |
| <input type="checkbox"/> Night only | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Persistently |
| <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> No pattern |

Other _____

Please describe the current **status** of such behaviors.

- | | | |
|--|--|---|
| <input type="checkbox"/> Improved | <input type="checkbox"/> Improvement, gradual | <input type="checkbox"/> Improvement, rapid |
| <input type="checkbox"/> Improvement, steady | <input type="checkbox"/> No change | <input type="checkbox"/> No relief |
| <input type="checkbox"/> Relief, temporary | <input type="checkbox"/> Resolution of problem | <input type="checkbox"/> Worse |
| <input type="checkbox"/> Worse, gradually | <input type="checkbox"/> Worse, rapidly | <input type="checkbox"/> Worse, steadily |

Please describe the youth's **level of functioning** with difficulty in meeting home, work, school, or social obligations.

- Extremely Not at all Somewhat Very

Please describe **aggravating** factors that seem to make the behavior or symptom worse.

Please describe **relieving** factors that seem to make the behavior or symptom better.

Please describe **associated symptoms** or behaviors displayed by the youth.

Additional comments:

OTHER AREA OF CONCERN

Such as: Anxiety Trauma Psychosis Self-harm Violence toward others

Other _____

Please describe the age of **onset** for behaviors that you think may be associated with the other area of concern. Age of youth in years: _____

Please describe the **severity** of such behaviors.

Mild Mild-moderate Moderate Moderate-severe Severe Incapacitating

Please describe the current **frequency** of such behaviors.

<input type="checkbox"/> Two (2) times per week	<input type="checkbox"/> Three (3) times per week	<input type="checkbox"/> All the time
<input type="checkbox"/> Almost all the time	<input type="checkbox"/> Almost always	<input type="checkbox"/> Almost never
<input type="checkbox"/> Always	<input type="checkbox"/> Constantly	<input type="checkbox"/> Daily
<input type="checkbox"/> Every month	<input type="checkbox"/> Every two (2) months	<input type="checkbox"/> Frequently
<input type="checkbox"/> Intermittently	<input type="checkbox"/> Never before	<input type="checkbox"/> Morning only
<input type="checkbox"/> Night only	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Persistently
<input type="checkbox"/> Rarely	<input type="checkbox"/> Weekly	<input type="checkbox"/> No pattern

Other _____

Please describe the current **status** of such behaviors.

<input type="checkbox"/> Improved	<input type="checkbox"/> Improvement, gradual	<input type="checkbox"/> Improvement, rapid
<input type="checkbox"/> Improvement, steady	<input type="checkbox"/> No change	<input type="checkbox"/> No relief
<input type="checkbox"/> Relief, temporary	<input type="checkbox"/> Resolution of problem	<input type="checkbox"/> Worse
<input type="checkbox"/> Worse, gradually	<input type="checkbox"/> Worse, rapidly	<input type="checkbox"/> Worse, steadily

Please describe the youth's **level of functioning** with difficulty in meeting home, work, school, or social obligations.

Extremely Not at all Somewhat Very

Please describe **aggravating** factors that seem to make the behavior or symptom worse.

Please describe **relieving** factors that seem to make the behavior or symptom better.

Please describe **associated symptoms** or behaviors displayed by the youth.

Additional comments:

OTHER AREA OF CONCERN (continued)

Please describe any **outpatient mental health treatment** that the youth was receiving in the community at the time of detention or incarceration.

- None
- Day treatment (setting with both schooling and mental health treatment)
- After care (follow up treatment after release from a psychiatric hospital)
- Psychiatric medications
- Psychotherapy (individual, group, or family counseling)

Other _____

Briefly describe the nature of such treatment:

SOCIAL HISTORY

Youth **primarily** resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Youth **secondarily** resides with:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mother (biological) | <input type="checkbox"/> Father | <input type="checkbox"/> Two (2) mothers |
| <input type="checkbox"/> Two (2) fathers | <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Foster mother |
| <input type="checkbox"/> Foster father | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Sister(s) |
| <input type="checkbox"/> Brother(s) | <input type="checkbox"/> Half sister(s) | <input type="checkbox"/> Half brother(s) |
| <input type="checkbox"/> Multiple families | <input type="checkbox"/> Stepbrother(s) | |

Other _____

Please describe youth's **tobacco exposure**.

Smokes at home: Yes No Smokes outside only: Yes No

Please describe typical **child care** arrangements for youth.

- | | | | |
|--------------------------------------|---------------------|----------------------------------|---------------------|
| <input type="checkbox"/> Mother | Days per week _____ | <input type="checkbox"/> Father | Days per week _____ |
| <input type="checkbox"/> Grandparent | Days per week _____ | <input type="checkbox"/> Sibling | Days per week _____ |
| <input type="checkbox"/> Nanny | Days per week _____ | <input type="checkbox"/> Daycare | Days per week _____ |
| <input type="checkbox"/> Sitter | Days per week _____ | | |

Name of daycare facility _____

Please describe youth's **hand dominance**. Right Left

Please describe youth's **parent / caretaker's occupation**.

Occupation of father _____

Occupation of caretaker _____

Occupation of mother _____

SOCIAL HISTORY (continued)

Please describe youth's **parents' relationship**.

- | | | |
|---|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Never together | <input type="checkbox"/> Father incarcerated | <input type="checkbox"/> Mother incarcerated |

Please describe youth's **relationships**.

- | | | | |
|---|--|---------------------------|--|
| Cooperates with family / friends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cooperates with teachers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has enough friends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Has friends of both sexes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Concerns about relationships with family / friends / others | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please briefly describe **concerns** about youth's relationship with others:

Please describe youth's **relationship with sibling(s)**.

- Good Strained Wonderful Other _____

Please describe youth's **home environment**.

Language(s) spoken at home: _____

Neighborhood type:

- Inner-city Rural Suburban Urban Other _____

Home type:

- Apartment Condominium Duplex Single-family Other _____

Home age:

- | | | | |
|-----------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Less than ten (10) years | <input type="checkbox"/> Ten (10) to Twenty-five (25) years | <input type="checkbox"/> Pre 1978 |
| <input type="checkbox"/> Pre 1960 | <input type="checkbox"/> Pre 1950 | <input type="checkbox"/> Historic | <input type="checkbox"/> Unknown |

Home affords adequate privacy. Yes No Home affords adequate safety. Yes No

Water is chlorinated Yes No Water is fluoridated Yes No

Lead in the home (if known) Yes No

Water Source is: Municipal Well

Please describe youth's **safety**

Uses bike / skating helmet Yes No Carbon Monoxide detector Yes No

Smoke detectors in home Yes No Radon in home Yes No Untested Treated

Pets / animals at home Yes No Type of animals: _____

Firearms in the home Yes No Number of firearms: _____

 Locked firearm storage Yes No Trigger guard Yes No

 Ammunition stored separately Yes No Unloaded for storage Yes No

Firearms kept for:

- Recreation Hunting Occupation Protection

Comments related to firearms:

Please describe youth's **education**.

Name of school _____

Grade in school _____

Grades earned:

- All A's A's and B's B's B's and C's C's C's and D's D's D's and F's All F's

SOCIAL HISTORY (continued)

Learning disability Yes No If yes, please describe:

- Articulation disorder Dyscalculia Dyslexia Expressive language disorder
 Motor skills disorder Receptive language disorder Writing disorder

Other _____

Special needs Yes No If yes, please describe:

- ADD ADHD Behavior problems Excessive absences Failing IEP in place
 IEP pending Math Math and reading Physical disability Reading
 Special needs classroom SPED / LD Speech

Gifted program Yes No

Performing: Below grade level At grade level Above grade level

Likes school Yes No Truancy Yes No

Youth's educational goals:

- Get a job College Graduate from high school Military career Professional school

Other _____

Repeated grades Yes No Grade(s) repeated _____

Why? _____

History of suspension or expulsion Yes No

Why? _____

Please describe youth's sleep.

- Takes naps Yes No Sleeps with parents / caretakers Yes No
 Sleeps through the night Yes No Minimum of 8.5 hours sleep nightly Yes No
 Nightmares / sleep problems Yes No

Further detail about youth's sleep quality.

- No concerns Has difficulty falling asleep Has difficulty staying asleep Has night terrors
 Has nightmares Has restless sleep Sleepwalks Sleeps through the night

Further detail about youth's sleep location.

- In own room In parents' bed In parents' room In room with sibling

Other _____

Further detail about youth's sleep method.

- On own Only when read to Only with parent present Other _____

Further detail about youth's sleep position.

- On abdomen On back On side Other _____

Further detail about youth's sleep time.

Number of naps per day: _____ Number of hours sleep per day: _____

Please describe youth's activity.

Hours per day of exercise / sports: _____ Hours per day of TV / computer games: _____

Further detail about youth's type of exercise.

- Aerobic Ballet Baseball / softball Basketball Cheerleading Cycling
 Football Golf Gymnastics Hiking Hockey Dancing
 Jogging Martial arts Motor sports Soccer Swimming Walking
 Weights Wrestling Other _____

Further detail about youth's type of activities.

- After school program Chorus Drama Musical instrument School club

Other _____

SOCIAL HISTORY (continued)

Youth had a job prior to incarceration. Yes No If yes, how many hours worked per week? _____

Youth has a TV in the bedroom. Yes No If yes, how many hours of TV / computer games per day? _____

Please describe youth's recent travels.

- Out of state Where? _____
- Out of country Where? _____
- Travel exposure To what? _____

ADDITIONAL SOCIAL HISTORY

Please describe youth's history of tobacco use.

- Yes No Formerly If yes, what type of tobacco?
 - Chewing Amount per day _____
 - Cigarettes Amount per day _____
 - Smokeless (dip) Amount per day _____
- If formerly, year quit:
Chewing _____ Cigarettes _____ Smokeless _____

Please describe youth's history of alcohol use.

- Yes No Formerly If yes or formerly: Age started _____ Year quit _____
- What type(s) of alcohol? _____

Frequency: Daily Weekly Monthly Yearly Occasionally Socially
Amount per day: _____ Last drink: _____

- Sought treatment for alcohol abuse. Yes No Date of last treatment (month, day, year) _____ Number of times: _____
- Had withdrawal problems, seizures or blackouts from alcohol or drugs. Yes No
- Involved in a 12-step program Yes No If yes, Currently or Formerly
- Emergency medical attention required due to intoxication. Yes No If yes, number of times _____

Family history of alcoholism. Yes No
If yes, name of family member(s) _____

Please describe youth's history of drug use / abuse:

- Yes No Formerly If yes or formerly: Age started _____ Year quit _____
- What type(s) of drugs? _____
- Frequency: Daily Weekly Monthly Yearly Occasionally Socially
Route taken: _____

- Sought treatment for drug abuse Yes No Date of last treatment (month, day, year) _____ Number of times: _____
- Had withdrawal problems, seizures or blackouts from alcohol or drugs? Yes No
- Involved in a 12-step program? Yes No If yes, Currently or Formerly
- Emergency medical attention required due to drug use? Yes No If yes, number of times _____
- Family history of drug abuse? Yes No
If yes, name of family member(s) _____

Please describe youth's psychiatric history.

History of suicidal thoughts. Yes No History of homicidal thoughts. Yes No

ADDITIONAL SOCIAL HISTORY (continued)

Treated for psychiatric problem. Yes No If yes, please list diagnoses:
Diagnoses: _____ Age at time of diagnosis: _____
Diagnoses: _____ Age at time of diagnosis: _____
Name of Psychiatrist _____ Telephone number _____
Name of Therapist _____ Telephone number _____

Family history of psychiatric problems. Yes No
If yes, please describe:

Please describe youth's child abuse history.

Does youth have a confirmed history of child abuse? Yes No If yes, Ongoing or Past
Offender 1 _____ Type of abuse: Physical Sexual Verbal
Offender 2 _____ Type of abuse: Physical Sexual Verbal
Offender in home Yes No Restraining order in place Yes No Suspected child abuse Yes No
Suspected offender 1 _____ Type of abuse: Physical Sexual Verbal
Suspected offender 2 _____ Type of abuse: Physical Sexual Verbal

Has youth ever been placed in a girls' / boys' home or foster home? Yes No

Has youth been convicted of a sexual offense? Yes No

Please describe youth's child neglect history.

History of neglect. Yes No Offender _____
Reason _____
Suspected neglect. Yes No Offender _____
Reason _____
DCS involvement. Yes No Case Worker _____
Telephone number _____

Please describe youth's incarceration history.

History of incarceration. Yes No
Duration of incarceration from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)
Duration of incarceration (dates) from _____ (month, day, year) to _____ (month, day, year)
Crime convicted of _____
Duration of probation (dates) from _____ (month, day, year) to _____ (month, day, year)

ADDITIONAL SOCIAL HISTORY (continued)

Please describe youth's sexual practices.

Previously sexually active. Yes No Sometimes condom use Yes No

Orientation: Bisexual Heterosexual Homosexual

Birth control methods used: _____ Birth control methods discussed: _____

Number of current sexual partners: _____ Number of lifetime sexual partners: _____

Ever been pregnant? Yes No Ever had an abortion? Yes No

Parent / caretaker awareness: _____

Please describe youth's history of STDs.

HIV status:

Positive Date tested (month, day, year): _____ Negative Date tested (month, day, year): _____

Not tested AIDS: Positive Negative

History of STDs:

Risk factors for STDs.

History of blood transfusions History of IV drug abuse High risk sexual partner

Homosexual sex Multiple sexual partners No risk factors

Prostitution Sex with hepatitis-infected person Sexually active before age eighteen (18)

Unprotected sex Other _____

Name of parent / caretaker _____

Parent / caretaker comments:

Provider comments:

Please describe youth's psychiatric history.

Diagnosis / Problem: _____ Date of onset (month, day, year): _____

Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____

Treatment setting (hospital, outpatient): _____

Name of provider: _____

Treatment outcome: Failed Improved Resolved Successful Worsened

Other _____

Comments:

ADDITIONAL SOCIAL HISTORY (continued)

Diagnosis / Problem: _____ Date of onset (month, day, year): _____
Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____
Treatment setting (hospital, outpatient): _____
Name of provider: _____
Treatment outcome: Failed Improved Resolved Successful Worsened
Other _____

Comments:

Diagnosis / Problem: _____ Date of onset (month, day, year): _____
Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____
Treatment setting (hospital, outpatient): _____
Name of provider: _____
Treatment outcome: Failed Improved Resolved Successful Worsened
Other _____

Comments:

Diagnosis / Problem : _____ Date of onset (month, day, year): _____
Type of treatment (counseling, meds): _____ Date of treatment (month, day, year): _____
Treatment setting (hospital, outpatient): _____
Name of provider: _____
Treatment outcome: Failed Improved Resolved Successful Worsened
Other _____

Comments:

Name of psychiatrist _____ Telephone number _____
Name of therapist _____ Telephone number _____

* Correctional mental health professionals to obtain consent for release of information on above mentioned community providers from the facility Superintendent / Legal Guardian.

Please describe youth's **psychiatric medication history**.

* Correctional health professionals need below information to verify past prescriptions.

Medication type _____ Date last taken (month, day, year) _____
Name of Pharmacy _____ Telephone number _____
Name of prescribing clinic / doctor _____
Telephone number _____

Medication type _____ Date last taken (month, day, year) _____
Name of Pharmacy _____ Telephone number _____
Name of prescribing clinic / doctor _____
Telephone number _____

ADDITIONAL SOCIAL HISTORY (continued)

Medication type _____ Date last taken (month, day, year) _____
 Name of Pharmacy _____ Telephone number _____
 Name of prescribing clinic / doctor _____
 Telephone number _____

Medication type _____ Date last taken (month, day, year) _____
 Name of Pharmacy _____ Telephone number _____
 Name of prescribing clinic / doctor _____
 Telephone number _____

If applicable, please list youth's allergies:

Please describe youth's nutritional status.

Number of meals a day: _____
 Decreased appetite Yes No Duration of decreased appetite: _____
 Weight gain Yes No Time frame: _____ Amount: _____
 Weight loss Yes No Time frame: _____ Amount: _____

DEVELOPMENTAL HISTORY

Please describe youth's pregnancy / birth history.

ANTENATAL

Maternal age during pregnancy _____ Estimate date of conception (month, day, year) _____ Marital status _____
 Lived with father of baby Yes No _____
 Prenatal care given Yes No If yes, ultrasound results: Normal Abnormal

Describe any abnormal results below:

Birth marks Cardiac abnormalities Down syndrome markers GI abnormalities
 Musculoskeletal abnormalities Neuro abnormalities Renal abnormalities
 Other _____

Maternal illness / complications Yes No If yes, please describe below:

Gestational diabetes Pregnancy-induced hypertension Sickle cell disease
 Diabetes (NIDDM) Hypertension Sickle cell trait
 Diabetes (IDDM) Eclampsia Underlying cardiac disease
 Underlying renal disease Surgery during pregnancy Other _____

Maternal infections Yes No If yes, please describe below:

Rubella Parvovirus Urinary tract B strep Syphilis Hepatitis B CMV HIV
 Other _____

Please list any medications taken during pregnancy.

Alcohol use Yes No Frequency _____
 Tobacco use Yes No Packs a day _____
 Marijuana Yes No Frequency _____
 Other types _____

DEVELOPMENTAL HISTORY (continued)

LABOR AND DELIVERY

Type of delivery _____
 Gestational age (weeks) _____ (days) _____ premature Birth weight _____
 Other _____

Please describe anything significant about youth's hospital stay after birth (e.g., fetal distress, stay in NICU, birth defects, medication given).

Please describe anything significant about youth's discharge from the hospital (e.g., feeding history, weight, referral to social services, adoption).

DEVELOPMENTAL MILESTONES

MILESTONE	EARLY	ON TIME	LATE	UNKNOWN
Smiled directly at parent or turned toward speaker.				
Slept mostly through the night				
Sat up				
Crawled				
Said single words clearly				
Spoke in sentences				
Walked unassisted				
Ate with a fork or spoon with help				
Toilet trained				
Dressed unassisted				
Rode a two-wheel bike without training wheels				
Reading				
Puberty				

FAMILY HISTORY

Please describe youth's behavioral health family history.

DIAGNOSIS	FAMILY MEMBER	NAME	AGE DIAGNOSED	COMMENT

Please describe youth's interactions with family members.

- Supportive
 Strained
 Dysfunctional
 No family
 Estranged (separated, not speaking, or on bad terms)

Other _____

FAMILY HISTORY (continued)

Please describe youth's family resources / strengths.

Please describe youth's strengths / coping skills / resources / support network.

How does the youth handle anger?

How does the youth handle stress?

Who comprised the youth's current support network?.

- None Case worker Children Clergy Father Friends Mother
 Neighbors Siblings Significant other Other _____

What are the youth's resources?

Please describe youth's significant life events.

History of trauma:

History of emotional abuse:

Risk issues:

- Homicidal thoughts Medical condition Suicidal thoughts High risk behavior
 Fire setting High impulsivity / aggression Psychosis Self-injury
 Serious suicide attempts Lack of support Non-compliance with treatment Family violence
 Substance abuse Other _____

History of separation / loss:

Please return questionnaire to the below address:

Fax number :

Name of student	IDOC number
Name of parent / caretaker completing form	Date (month, day, year)

LPJCF Rules, Policies, and Guidelines

(Revised June 2021)

The LaPorte Juvenile Correctional Facility is a Therapeutic-Community based correctional facility. If feasible, our goal is that a youth returns to the care of her parent(s) or guardian(s) upon release from this facility. In order to reach this goal, it is necessary for parents to recognize and accept certain responsibilities that they must carry out if the youth's adjustment to this program and eventual homecoming is to be successful.

The youth who is the most successful in this program and who has the best chance for a successful re-entry into the home is the youth who is able to maintain positive family ties while at the facility. This is, of course, a two-way street. The parents must provide the youth with the opportunity to do this.

The facility's visitation policy is designed for this purpose. Visitation allows the family to be aware of any positive changes the youth makes while at the facility. This continued contact also makes the transition from the facility to the home much easier. As a result of this contact, the youth and her family are able to maintain and often improve their relationship.

VISITATION POLICY AND RULES

Visitation with youths committed to the Indiana Department of Correction is a privilege. Visitation may be restricted, denied, or suspended if a youth and/or visitor does not follow the Department's visitation rules. Current employees of the Department of Correction must have written permission from the Wardens of both facilities prior to being allowed to visit. Ex-employees who have been terminated from employment or who resigned prior to being terminated or while under investigation for violation of Department policy shall not be permitted to visit any youths. Ex-youths and youths currently on probation or parole must have permission from both their supervising agents and the Warden of the facility before being allowed to visit. Such visits will be limited to immediate family members only.

Visitors who require reasonable accommodations for a disability must contact the facility prior.

Please note that once a visit begins, no one else will be permitted to enter the visit. Additionally, visitors will not be permitted to re-enter the visitation area once they leave.

- 1. VISITATION:** Visitation is a very important component of a youth's stay at LPJCF. It is important that parents/guardians continue to support the youth and reinforce the positive changes being made. It is also important for the parent/guardians, and the staff of LPJCF to realize they are on the same team and have the same goal; which is to help the youths leave the facility with an ability to succeed in the community. We encourage parents/guardians to visit, ask questions, learn about our program, and be involved with the treatment of their child. Please feel free to contact your child's counselor to ask questions, make comments, and stay updated on your child's progress.
- 2. VISITORS LIST:** In order to visit a youth, the visitor must be on the youth's pre-approved visitor's list. Visitors are limited to immediate family members such as mother, father, brother, sister, grandparents, and legal guardians including those with a "step" or "half" or adoptive relationship. Visitors shall be permitted to visit only one (1) offender within the Department unless the visitor has other immediate family members incarcerated in a Department facility. Therefore, unless the visitor has other immediate family members in different facilities, the visitor shall not be allowed to visit other offenders in other Department facilities. Youths are allowed up to two (2) approved visitors at the visit.

The following forms must be completed and returned to the youth's counselor for approval of visitation and entered on the approved Visitor's List:

PERSONS 16 OR OVER:

- Application for Visiting Privileges
- Valid picture ID (address on ID must match address on Application for Visiting Privileges form and Background Check form)

PERSONS UNDER 16

- Application for Visiting Privileges
- Copy of Birth Certificate
- Authorization for Minor Child to Visit (**ONLY** if child is brought to this facility by someone other than the child's legal guardian)

Please note that when a criminal history is found, the application will be reviewed, and a decision made on a case-by-case basis. The information on the applicant's criminal history is treated as confidential and will not be released to the youth. Once a decision is made either approving or denying the application, the youth shall be notified. The counselor is responsible for advising applicants that their applications have been approved or denied. The applicant's approved visiting application must be on file prior to visiting. Visitors may have their names removed from a youth's visiting list by making that request in writing. Once the name is removed, the visitor must wait six (6) months before applying to visit the same or another youth. Exceptions may be made for immediate family members.

3. **LIABILITY:** Visitors enter Department facilities and the visiting areas at their own risk. The Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering a visiting area or any other area within a facility.
4. **SEARCHES:** All vehicles entering the facility are subject to search. Anyone refusing a search of their vehicle will be required to exit the facility immediately. All visitors entering a Department of Correction facility shall be minimally subject to a frisk search by staff which shall include the breast and groin area being physically searched. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained searched dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband or prohibited property are found on the visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter a Department of Correction facility.
5. **REGISTRATION:** Visitors must register with staff prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area. All visitors shall be screened and approved through the COVID-19 screening process that the facility has in place.
6. **IDENTIFICATION:** All visitors who are 16 years old or more must present valid identification each time they visit. If there has been a change in address, the visitor must obtain a valid Identification which shows the current address on file. If the address on the valid Identification does not match the address on file, the visitation will be denied. The only forms of identification accepted by the DOC are:
 - a valid driver's license from the state of residence
 - a valid state photo identification card from the state of residence
 - a valid photo military identification card (active duty only)
 - a valid passport.
 - a valid government identification card, including foreign governments
7. **CHILDREN:** Visitors under the age of 18 years of age must be accompanied by their parent or legal guardian at all times while on facility grounds. Children shall not be left alone at any time while on facility grounds. Parents or legal guardians shall be responsible for the behavior of their children and a visit may be ended if the children become disruptive.
8. **DRESS STANDARDS:** Visitors shall wear clothing that poses no threat to the security, custody, or maintenance of order at the facility. The following standards are to be met:
 - Undergarments must be worn at all times.
 - Approved facial mask must be worn at all times
 - Shoes must be worn, except for infants who are carried.
 - Tight fitting, such as stirrup, lycra pants, yoga pants or leggings, shall not be worn.
 - Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits.
 - Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted.

- All visitors must wear a shirt/blouse with sleeves.
- Clothing with holes or rips will not be authorized IE: designer jeans with pre-made holes or rips
- No jewelry, except a wedding band or set, may be worn in the visitation area.
- Hats or other head coverings are not permitted, except as required by religious beliefs.
- No heavy coats or sweaters will be permitted in the visiting area (based on weather).
- Articles of clothing that advertise alcohol, tobacco, illegal substances, satanic, racial or gang references are not permitted.
- Any clothing with sexual implications of any type are not permitted.
- Sunglasses are not to be worn inside any building.

- 9. ITEMS NOT PERMITTED:** Visitors shall not be permitted to possess or carry the following items into the visiting area: Firearms, weapons, knives, ammunition, narcotics, medication (unless the medication is life-saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc), controlled substances, alcoholic beverages, marijuana, tobacco and tobacco related items, cameras, video and audio recording equipment and electronic devices, including, but not limited to: cameras, cellular telephones, pagers, blackberries, radios, tape recorders, etc. Visitors may not carry anything into the visiting areas except: identification, personal keys, one (1) clear, plastic baby bottle and/or pacifier and one (1) diaper. **If lifesaving or life-sustaining medication is brought to the facility, the visitor must advise the staff at the visiting desk that they are carrying such medications.**
- 10. CONTACT BETWEEN YOUTHS AND VISITORS:** There is no contact allowed between the family and youth. All family members and youth must maintain social distance and shall be required to wear an approved mask during the entire visit. The family shall be sat on one side of the table and the youth will sit on the opposite side of the table across from the family members.
- 11. TRAFFICKING:** The giving or receiving of any item(s) to/from a youth without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with offenders shall be subject to arrest and criminal prosecution and the permanent denial of visits with any offender under the jurisdiction of the Department of Correction.
- 12. VISITING HOURS:** Scheduled visits is the only option to visit your child. The facility will be open to visits seven (7) days a week (subject to change at any time as directed by the Warden or the Indiana Department of Corrections). The visiting hours are 8:00 am to 10:00am and 12:00pm to 2:00pm Central standard time. Each scheduled visit will be for one (1) hour. All visits must be scheduled through the Community Coordinator 1-219-326-1188 ext. 227. These must be scheduled Monday thru Friday excluding State observed holidays.
- 13. SPECIAL VISITS:** Special visits will be granted on a case by case basis with prior approval from the Commissioner or Warden/Designee. It will be the responsibility of the youth's counselor to coordinate this with the youth's family. Special visits may include: visits on other than the designated visiting days/times, visits for hospitalized youth, special visitors approved for one time only or visits for emergency reasons.
- 14. DIRECTIONS:** If you plan to drive to the facility where the youth is housed, you may telephone the facility for the driving directions or you may check the Internet site for the Indiana Department of Correction (www.in.gov/ido) and find the directions under the name of the facility you wish to visit.
- 15. SEX OFFENDER YOUTH VISITATION:** Youths who have been convicted of sex crimes involving persons under the age of 18 years old may be denied visitation with any persons under the age of 18 years old. In these cases, the youth shall be made aware of this restriction and may appeal the decision to deny these visits. Visitors should be aware of this restriction before attempting to bring persons under the age of 18 to visit.
- 16. TERMINATION OF VISITS:** The Warden of the facility or staff designated by the Warden may terminate a visit at any time if they believe that ending the visit is in the best interests of the safety and security of the facility or the persons involved. Failure to follow facility rules, belligerent behavior on the part of the visitor, trafficking, or other violations may result in the youth and their visitors being limited to non-contact visitation, suspension of visiting privileges or termination of visitation privileges. If you have questions regarding your experience visiting our facility, please address it with the youth's counselor.

- 17. SUSPENSION OF VISITING PRIVILEGES:** The Warden of the facility may temporarily or permanently suspend a person's visiting privileges for violation of these rules, violation of Department of Correction or facility procedures, or if it is in the best interests of the safety and security of the facility or persons involved. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the appropriate Executive Director of Juvenile Services.

GENERAL MAIL GUIDELINES

All written correspondence shall have proper postage, a complete return address in upper left-hand corner, youth's name and DOC number included in the address. Additionally, correspondence shall not be written in codes or include symbols. All letters must be written on plain white lined paper and sent in a plain white envelope. **No greeting cards, colored envelopes or colored paper is allowed. Decorative stickers on the envelope and/or letter are not permitted.**

You cannot include mail from other incarcerated individuals or from any person on parole, probation/community supervision, etc. Only photographs may be included with your mail. All correspondence is subject to search for inappropriate materials/content. For additional mail options, please see GTL listed on the next page.

You must be on the youth's approved visitor list in order to send money to the youth's trust fund account.

ConnectNetwork

GTL's web portal is designed to set up and manage prepaid accounts for phone and any other GTL-provided



Phone

AdvancePay Phone

When you create an AdvancePay account, you're creating a prepaid collect calling service that allows an inmate to call only your phone number using deposited funds.

PIN Debit

An inmate phone account that you make deposits into, so your inmate can place outbound calls to anyone on their contacts list.

Messaging

Messaging

Our electronic messaging service enables you to communicate with an inmate similar to email.

Visitation

Video Visitation

This service that allows you to conduct a real-time video visit with your inmate, using a device from home or at the facility.

Visitation Scheduling

A web-based service enabling you to schedule an in-person or video visit and pay for that visit (if there is a fee).

Visitation Fee

A convenient service to pay for fees associated with registration and background checks at select facilities.

Each facility determines available services. To get started with any of these services, check availability at your inmate's facility, then set up a ConnectNetwork account.

What It Costs

Deposit fees and amounts vary by correctional facility and can be found within your ConnectNetwork account. PIN Debit call prices vary by correctional facility, but are generally less expensive than other types of inmate calls.

Where Can You Pay?

Online – www.connectnetwork.com

Phone - Customer Service: ♦ (877) 650-4249
AdvancePay Automated Payment System: ♦ (800) 483-8314
Trust Fund Automated Payment System: ♦ (888) 988-4768
PIN Debit Automated Payment System: (855) 706-2445

Mail – Mail check/money order payable to *AdvancePay Service Department* (include account number)

For GTL, DSI, and PCS accounts, mail to:
AdvancePay Service Department
P.O. Box 911722

COMPREHENSIVE CASE MANAGEMENT SYSTEM (CCMS)

The Comprehensive Case Management System (CCMS) is used to provide standardized and effective levels of interventions and provide a seamless continuum of services and programs that promote the development of healthy youths through accountability and competency development, while providing appropriate levels of supervision that ensure public safety. CCMS is divided into four (4) phases: Intake, Growth, Re-Entry, and Aftercare.

ORIENTATION: During this level, youths will familiarize themselves with the routine of the facility, as well as the rules. They will meet with their counselor and be prepared for their first meeting with the treatment team.

LEVEL ONE ACKNOWLEDGEMENT: At this stage, the treatment team is looking for the youth to honestly acknowledge the issues that they had that led to their incarceration and the problems that need to be dealt with. There is little expectation that there will be a great change in behavior at levels one and two.

LEVEL TWO UNDERSTANDING: During this stage, it is expected that the youth will come to understand why they have the problems that they do, and also understand the changes that need to be made.

LEVEL THREE APPLICATION: At this stage, it is expected that youths have learned new skills in regard to the way that they address issues and problems in their lives. It is expected that during this level, youths will begin to regularly use these new pro-social skills as an alternative to their previous methods of problem solving. It is expected that youths will continue to struggle with these skills and consistent reinforcement from the team is necessary.

LEVEL FOUR DEMONSTRATION: Level four youths are expected to consistently demonstrate their new skills in the situations where they are comfortable, as well as new situations. Youths may be eligible for trips off campus to different activities or may be put into positions that require them to exhibit added responsibility. Once a youth successfully completes level four, they must be voted unanimously to promote and meet with the Administrative Review Committee (ARC). The ARC will vote to promote the youth to the re-entry phase or maintain on level four. If the youth is not promoted, specific reasons will be given to the youth, as well as interventions that will help the youth prepare themselves to meet with ARC again. If a youth is promoted, they are automatically on the re-entry phase.

RE-ENTRY: Youths promoted to the re-entry phase will be required to develop a re-entry plan with the help of the treatment team. In general, the goals of re-entry are to prepare the youth for release by addressing issues that the youth will face upon release. Such issues may include: school, neighborhood, family and choice of peers. Appointments are to be set at this time for ongoing needs such as mental health and substance abuse counseling. Community service may be done at this time. Once the youth has completed this level, the ARC will again interview the youth and review all documentation provided by the counselor/treatment team. The ARC must vote on whether or not to release the youth. ARC must unanimously vote to promote the youth or can maintain the youth on the re-entry level. If the youth is maintained, ARC must provide specific recommendations on how to prepare themselves to come before ARC again. The youth is released the following Monday after ARC, or Tuesday if Monday is a holiday.

Parents/Guardians Bill of Rights Indiana DOC/Division of Youth Services

The Division of Youth Services is dedicated to protecting, caring for and improving the lives of youth and the families of those children committed to the Department of Correction. We are committed to promoting an atmosphere of trust and compassion which improves the quality of life, conditions of confinement and reintegration and aftercare services which improve long-term outcomes for youth and their families. We are dedicated to increased family engagement initiatives which promote your parental rights and continued engagement with your child during their commitment to the Department of Correction, Division of Youth Services.”

1. As a parent/guardian, you have the right to know that you and your child will be treated fairly regardless of race, religion, national origin, language, economic status, disability, gender, sexual orientation, or age and that each child will be treated as an individual.

You and your child will be treated fairly by DYS staff, without regard to your age, gender, religion, sexual orientation, the color of your skin, the language you speak, the amount of money you have, the country you come from, or disabilities you may have. You and your child should always be treated with professionalism, respect, and dignity.

2. As a parent/guardian, you have the right to expect DYS to provide a safe, secure, and sanitary environment for your child.

As a parent/guardian, you have a right to expect that the environment your child is in will be safe, secure, and clean.

3. As a parent/guardian, you have the right not to be judged, blamed, or labeled because of your child’s incarceration.

We recognize that there are many factors that contribute to a child being committed to DYS. Your child’s incarceration is not an indicator of your worth as a parent. DYS staff will not judge you because your child has been committed to DYS.

4. As a parent/guardian you have the right to be a vocal and active advocate on behalf of your child.

It is more important than ever before to be a vocal and active advocate on behalf of your child. Some ways to be involved are:

- The right to prohibit identifiable pictures or videos of your child from being disseminated for public use without your permission.
- The right to direct the religious training of your child.
- The right to file a complaint with the expectation that it will be tracked, investigated, and resolved in a timely manner in accordance with law, policies, or administrative directives.
- The right to access any policy or directive upon request unless it is confidential in nature.
- The right to express your concern and have it taken seriously without the threat or fear of retaliation against you or your child.

5. As a parent/guardian, you have the right to be an active participant when decisions are made about your child.

As a parent/guardian, you also still have the right to actively participate when decisions are made about your child. This may include:

- Participate in person or via telephone on any and all treatment teams.
- Participate in person or via telephone on any educational conference.
- Participate in person or via telephone for mental health/medical conferences
- Attend family sessions to review youth’s progress in program

6. As a parent/guardian, you have the right to be informed about matters related to your child's welfare.

Parents/guardians need information about their children. That need is especially critical when your child is away from you for long periods of time. While your son or daughter is in DYS, you have the right to be informed about different aspects of his or her welfare. Some of these rights include:

- The right to timely notification of your child's behavior, including any consequences for rule violations.
- The right to timely notifications of special events at your child's facility, including graduations or other activities.
- The right to be provided contact information for the Office of the Ombudsman.
- The right to timely notification if your child is assaulted injured, hospitalized, transferred to another facility, or escapes.
- The right to be informed of your child's progress in treatment, including medical, psychological, psychiatric, and educational progress.
- The right to be informed of serious or persistent medical conditions related to your child.

7. As a parent/guardian, you have the right to communicate with your child, including visitation, telephone, and mail.

Continued communication with your child is essential. You have the right to visit your child, talk to him or her on the telephone, and to send and receive letters from your child within guideline. Specifically, those rights include:

- The right to a timely visit with your child after properly arriving at the receiving facility.
- The right to have your child's mail and telephone calls handled in a respectful, timely fashion.
- The right to face-to-face contact visits with your child.
- The right to be informed, in a timely manner, of current policies and procedures that affect visiting with your child
- The right to have special visitation requests accommodated if approved by the facility, may included long-distance travel requirements, parent work schedules that preclude visiting during normal hours, or bereavement.
- The right to have accurate information about current visitation rules.

8. As a parent/guardian, you have the right to be assured that all DYS staff are professional, courteous, and respectful.

You have the right to expect that DYS staff will treat you and your child in a professional, courteous, and respectful manner. DYS staff will be professionals in their field. You have the right to know that they have been properly trained and credentialed for their job responsibilities. Furthermore, you should expect DYS staff to keep accurate records, from the time of your child's intake to his or her eventual discharge.

9. As a parent/guardian, you have the right to meaningful participation in your child's transition planning – from intake through community reentry and eventual discharge.

As a parent/guardian, you have the right to participate in the release planning, beginning at your child's initial commitment to DYS and continuing through the Community Supervision process all the way to his or her eventual discharge. Your rights include:

- The right to know that effective transition planning for your child, including early identification of youth and family needs and referral to appropriate services and resources, begins at intake and continues through reentry until discharge.
- The right to be informed of the services, support, and resources available to you and your child in your home community, including possible medical coverage and other government benefits.
- The right to be informed of your rights and responsibilities while your child is on community supervision.

COMMISSARY GUIDELINES

Youths who are on Unit 2 will not be allowed to order food commissary. They are still allowed to order hygiene or clothing as needed provided that each pass their week of points with at least an 80%.

YOUTHS ORDER ALL COMMISSARY ORDERS ON THEIR TABLETS. YOUTHS WILL PLACE THEIR ORDER PRIOR TO WEDNESDAY SO THAT THEY WILL RECEIVE THEIR ORDER THE NEXT WEEK.

Youths are allowed to order \$20 dollars of hygiene and \$10 dollars of food per week.

Youths are allowed to order a total of 4 items for each food item, any more than that the youth will receive only the 4 items ordered. More than this will exceed the quantity ordered.



STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Eric J. Holcomb
Governor

TO: ALL APPOINTING AUTHORITIES

The following is a list of the 2021 state holidays and the dates on which they will be observed:

New Year's Day	Friday	January 1, 2021
Martin Luther King, Jr. Day	Monday	January 18, 2021
Good Friday	Friday	April 2, 2021
Memorial Day	Monday	May 31, 2021
Independence Day	Sunday	July 4, 2021**
Independence Day	Monday	July 5, 2021*
Labor Day	Monday	September 6, 2021
Columbus Day	Monday	October 11, 2021
Veterans Day	Thursday	November 11, 2021
Thanksgiving Day	Thursday	November 25, 2021
Lincoln's Birthday	Friday	November 26, 2021
Washington's Birthday	Thursday	December 23, 2021
Christmas Day	Friday	December 24, 2021*
Christmas Day	Saturday	December 25, 2021**
New Year's Day	Friday	December 31, 2021*

*For operations regularly scheduled Monday – Friday.

**For operations regularly scheduled on Saturday/Sunday.

All full-time, part-time and hourly employees occupying permanent positions must be compensated for all holidays listed above, in the following circumstances. To be eligible for compensation, the employee must be in pay status during the week in which the holiday is observed; however, employees are not compensated for holidays which are observed prior to the first workday of employment or for holidays which are observed after their last workday of employment. Compensation for holidays for eligible active full-time employees is 7.5 hours of compensatory time off or 7.5 multiplied by the employee's base hourly rate. Eligible part-time or hourly employees on permanent appointment will receive holiday pay or compensatory time off calculated as one-tenth of the regular biweekly hours assigned, rounded to the nearest quarter-hour. Eligible employees who are required to work on a holiday will be compensated for the hours worked and may opt to receive holiday pay or compensatory time off. Eligible employees not required to work will receive holiday pay. For this purpose, the term "eligible employees" applies to employees in state civil service except Institutional Teachers at the Indiana School for the Deaf and the Indiana School for the Blind/Visually Impaired, and police officers who have elected a 28-day work period in accordance with 31 IAC 5-7-8(b). Intermittent and temporary employees shall not receive holiday pay. Intermittent and temporary employees who work on a date indicated above will be paid for the hours worked.

PLEASE DISTRIBUTE A COPY OF THIS MEMORANDUM TO ALL YOUR EMPLOYEES.

Eric Holcomb

ConnectNetwork

GTL's web portal is designed to set up and manage prepaid accounts for phone and any other GTL-provided services.



Phone

AdvancePay Phone

When you create an AdvancePay account, you're creating a prepaid collect calling service that allows an inmate to call only your phone number using deposited funds.

PIN Debit

An inmate phone account that you make deposits into, so your inmate can place outbound calls to anyone on their contacts list.

Messaging

Messaging

Our electronic messaging service enables you to communicate with an inmate similar to email.

Visitation

Video Visitation

This service that allows you to conduct a real-time video visit with your inmate, using a device from home or at the facility. To register go to <https://idoc.gtlvisitme.com/app> (you must download the VisBridge app to your desktop, MAC, tablet, or Android only phone). For further assistance call GTL Visitor Support Line at 855-208-7349.

Visitation Scheduling

A web-based service enabling you to schedule an in-person or video visit and pay for that visit (if there is a fee).

Visitation Fee

A convenient service to pay for fees associated with registration and background checks at select facilities.

Each facility determines available services. To get started with any of these services, **check availability** at your inmate's facility, then set up a **ConnectNetwork account**.

What It Costs

Deposit fees and amounts vary by correctional facility and can be found within your ConnectNetwork account. PIN Debit call prices vary by correctional facility, but are generally less expensive than other types of inmate calls.

Where Can You Pay?

Online – www.connectnetwork.com

Phone - Customer Service: ♦ (877) 650-4249
AdvancePay Automated Payment System: ♦ (800) 483-8314
Trust Fund Automated Payment System: ♦ (888) 988-4768
PIN Debit Automated Payment System: (855) 706-2445

Mail – Mail check/money order payable to **AdvancePay Service Department** (include account number)
For GTL, DSI, and PCS accounts, mail to:
AdvancePay Service Department
P.O. Box 911722



**USE
WHAT YOU'VE
GOT
PRISON
MINISTRY**



Our Mission

Keeping Families Connected is a faith based organization whose mission is to ensure that families maintain contact by providing transportation for prison visitation and through promoting a holistic approach to family wellness. UWYGPM is **the only agency** in the state of Indiana providing transportation to the hidden victims of the criminal justice system – our family, children and caregivers.

Through your generosity, UWYGPM is able to increase prison support services and expand the prison visitation program to assist inmates and families in maintaining family relationships during incarceration. These services include:

- Shuttle bus service to various Indiana prisons for the family and friends of inmates. (Rider fees are based the ability to pay).
- Counseling for the family during and after the incarceration of a family member.
- Referral service to existing social and educational organizations for assistance and needs assessment.
- Spiritual retreat to provide educational forums, survival skills, and guidance for personal fulfillment and growth.
- Distribution center for clothing and essential food items.
- Support network to allow strength through numbers.

At least one trip per month is scheduled to LaPorte Juvenile Correctional Facility. Please call (317) 924-4124 to check the current schedule and to place your reservation:

Note: Reservations are required for all trips. Please call (317) 924-4124 to place reservations.

Use What You've Got Prison Ministry

P.O. Box 1521; Indianapolis, IN 46206-1521

Phone: 327-924-4124

Toll free: 877-761-9977 E-mail: uwygm@sbcglobal.net

<http://www.usewhatyouvegotministry.org/>

— A DRIVING FORCE FOR FAMILIES —

*Inspired by the mission of Jesus Christ, Use What You've Got Prison Ministry strives to keep families connected.
By bringing together loved ones, our ministry helps to break the cycle of loneliness and alienation.*