

ANAHEIM POLICE DEPARTMENT PAY TO STAY - WORK FURLOUGH PROGRAM

The City of Anaheim will participate in work furlough programs for **males** arrested for most misdemeanors and some felonies provided that the court in question will allow it. The primary criteria for acceptance are as follows:

- **No violence** – The arresting charge should not involve violence in any way*. History of violence will also be cause for rejection. Initial _____
- **No drugs** – Individuals considering the City of Anaheim pay to stay-work furlough program must refrain from the use of any alcohol or narcotics. For security reasons all participants must agree to be strip searched each time that they return to the facility. Initial _____
- **Timeliness** – All commitment times must be adhered to at all times. There are no exceptions. Initial _____
- **Health** – Inmates wishing to participate in the Anaheim Pay-to-Stay / Work Furlough Programs must provide the facility with a completed Medical Screening Application, signed by a licensed physician. The form must be completed prior to entry into the facility. All cost associated with the process are the responsibility of the applicant. Initial _____
- **Interview** - Any person wishing to participate in the program must participate in an interview with the facility manager or his designee prior to acceptance. Interviews are held by appointment only. Initial _____
- **Medications** – Any medication required by any participant must be approved by the facility manager. **ONLY APPROVED PSYCHOTROPIC MEDICATION** will be permitted in the facility. Individuals requiring unapproved psychotropic medications will not be accepted. Initial _____
- **Paperwork** – A signed court order/minute order affixed with the seal of the issuing court must state that the individual can be incarcerated at the City of Anaheim jail. In addition, the court order must show what times the individual can leave and must return to the facility. This document must be on site prior to incarceration. Initial _____
- **Fee** – Payment for the program is **\$125.00** for the first day, and **\$100.00** for each additional day. Payment is accepted in two-week increments with the first two-weeks due on incarceration. **** Checks returned NSF will result in immediate lock down and removal from the program.** Initial _____
- **Grooming standards** – All individuals accepted into the program agree to abide by the sentenced inmate grooming standards. No beards, Goatees, long hair or unruly hair. Hair shall be kept short and neat. Participants shall shave as required by staff. Mustaches must be groomed regularly. Initial _____

Participants must refrain from the use of alcohol at all times when released from the facility for work. Any belief from staff that the participant has consumed alcohol, any narcotic, or any misuse of medication will result in immediate lock down and possible new charges! Initial _____

No property shall be allowed into the facility upon returning from work. This includes news papers, magazines, or books. For security reasons all work furlough participants shall be strip searched upon re-entry into the facility. No cell phones, computers, PDA's, pagers etc, will be allowed into the facility.

Family members can DONATE **appropriate** DVD's or VHS Videos to the facility for inmates on the program. Any donated movie must be new (no previously used) and must be in sealed original packaging. Donated movies shall be considered property of the Anaheim Detention Facility and will not be returned upon release. **The ultimate decision to accept a movie will be the responsibility of the supervisor on duty.**

Visitation

Visitation for inmate workers/ work furlough participants occurs on Saturday and Sunday between 2:00 pm and 5:00 pm. All visits are non-contact.

Participants in the City of Anaheim Work Furlough program must agree to provide physical labor for the facility for a minimum of five hours on days that they are not released for work.

What to Bring

If you are a work furlough inmate and need specialized clothing to wear when you leave the facility, you must discuss this with the facility manager prior to starting the program. When you report on your first day you should bring the following:

- (2) pair of blue jeans
- (2) comfortable shirts (no slogans)
- (1) sweatshirt
- (1) sweat pants (for sleeping)
- (1) pair rubber soled shoes/ tennis shoes (no boots/ steel toes/ dress shoes)
- No toiletries (all are provided)
- No writing equipment (will be provided)
- No jewelry, watches, or cash

Initial _____

For additional information contact the Detention Facility Manager - Michael Richardson at (714) 765-1523 or Correctional Supervisor – Loren Higgins (714) 765-1882 Monday through Friday.

* Offenses involving violence will disqualify most applicants. However, you may contact the facility manager who will investigate each request.

CITY OF ANAHEIM INMATE WORKER MEDICAL SCREENING APPLICATION

Last Name	First	Middle
D.O.B. ___/___/___	Driver License Number _____	State _____
SSN# ___/___/___	_____	
	Address	
	_____	_____
	City	State Zip

Do you have Medical Insurance? Yes No
Insurance carrier _____ **Policy Number** _____

QUESTIONS FOR MEDICAL STAFF
(This section must be filled out by medical personnel only)

1. Is the subject able to perform routine cleaning, to include mopping, washing vehicles, able to stoop, bend, and stand without injury? Yes No
2. Is the subject free from any disease, open abscesses, or any other reason that would restrict his ability to handle food preparations Yes No
3. Does the subject require daily medication for any reason Yes No
If yes, describe

4. Does the subject have any of the following;
- | | | | |
|---------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Psych. Problems | |

Any additional information _____

Signature _____ **Date** _____

Title _____ **Address** _____

Telephone (____) _____ - _____



_____	Approved Yes No	_____	_____
Received date	circle one	Signature	Badge #



ANAHEIM CITY JAIL PAY TO STAY INMATE APPLICATION

_____/_____/_____
Last Name First M.I. Date of Birth

Current Address Apt no. _____ CDL# _____

City State Zip Code

(____)____-____ (____)____-____ (____)____-____
Home Phone Work Phone Cell Phone

E-mail address _____

Emergency Contact: _____
Name

Emergency Contact Telephone Number: (____)____-____

Employment Information

Company Name (____)____-____
Telephone number Ext.

Company Address City Zip

Supervisor's Name (____)____-____
Telephone number

Number of years on the job? _____ Monthly Income: \$ _____

Arrest reason Conviction Charge
Misdemeanor / Felony (Circle one)

Attorney Information

Attorney's Name (____)____-____
Telephone Number

Attorney's Address City Zip

Case Number _____ Court _____

MEDICAL INFORMATION QUESTIONNAIRE

Do you have any of the following medical problems? If yes, check symptoms on list.

- Diabetes, Tuberculosis, Seizures, Psych. Hospital, HIV Positive, Hepatitis, Fracture/Sprains, Fainting Spells, Dental Problems, Herpes /AIDS, Epilepsy, Major Surgery, Hypertension, Venereal Disease, Allergies, Heart Trouble, Psych. Problems, Asthma - Type of Inhaler: Frequency

Over the counter medication taken regularly?

OTHER:

Are you currently under the care of a doctor for medical or psychiatric reasons? Yes / No
Are you taking or do you need to take any prescribed medications? Yes / No
Have you had a recent head injury in the last 72-hours? Yes / No
Have you ever attempted suicide? Yes / No When? Method?
Are you thinking about suicide now? Yes / No

WHO IS YOUR MEDICAL INSURANCE CARRIER?

POLICY NUMBER? Contact Number: () -

I, agree to follow the rules and regulations of the City of Anaheim Police Department Trustee program at all times. I understand that failure to obey all rules or inability to pay all required fees will result in termination of participation in the program. Termination of participation in the program will result in my being remanded into the custody of the Orange County Sheriff to complete the remainder of my sentence. It is further understood that removal from the program may result in the loss of any and all good time / work time accrued.

SIGNATURE DATE

Do not write below this line

CII Number

Rap Sheet Reviewed

Previous arrest information:

Charges Year Sentence

Charges Year Sentence

Charges Year Sentence

Charges Year Sentence

APPROVED: YES / NO

Detention Facility Manager/Supervisor