

**COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.**  
**CCP West PROGRAM**  
**Visitor Application**

**Please Print – Any incorrect, incomplete, false or misleading information on this application will void this application.**

CCP Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

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Your Name: \_\_\_\_\_ Sex: M F  
First Middle Last

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Current Address: \_\_\_\_\_  
Street City State Zip

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

**This information is only needed if a background check is to be conducted prior to approval/denial.**

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Your relationship to CCP client:  Spouse  Mother  Father  Sister  Brother  
 Son  Daughter  Other (List): \_\_\_\_\_

Please List Minor Children who may Accompany You  
**(Minor Children must be accompanied by parent and/or legal guardian)**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to CCP Client: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to CCP Client: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to CCP Client: \_\_\_\_\_

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**All Questions must be answered truthfully. Any false or misleading information will void this and any future applications.**

1. Are you currently under any type of formal supervision (Probation/Parole)? \_\_\_Yes \_\_\_No  
If yes, for what offense(s): \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Supervising Officer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Have you ever been arrested? \_\_\_Yes \_\_\_No. If yes, please list year of arrest and offense(s) charged with: \_\_\_\_\_

3. Do you currently have any charges pending against you? \_\_\_Yes \_\_\_No. If yes, please list crime and circumstances: \_\_\_\_\_

4. If not a relative of the client, how long have you known him and what is your association with him: \_\_\_\_\_

**LISTED BELOW ARE SOME OF THE REQUIREMENTS AND REGULATIONS OF THIS PROGRAM  
AS APPLIED TO POTENTIAL VISITORS.**

1. You must submit and be able to produce a valid Picture ID at each visitation. We also require you enclose a photocopy of your ID when you submit this application. Failure to produce a picture identification or falsification of identification could result in denial of visitation privileges. All potential visitors may be subject to a National Crime Center check.
2. All persons entering the CCP facility may be subject to search procedures.
3. The following items are not allowed on the CCP premises; alcohol and/or drugs, tobacco and tobacco paraphernalia, ammunition, firearms or any other type of weapon, any item deemed to be a risk to safety and security and pets or livestock excluding animals certified to assist the handicapped.
4. Purses, wallets, handbags, backpacks, cell phones, camera's or other types of audio and/or visual recording devices and other carry in items will not be allowed in the visiting room. Diaper bags may be allowed, but are subject to search by staff. CCP is not responsible for lost, stolen or damaged items.
5. Visitors needing to do so may secure approval from the Security Supervisor to bring in checks to be endorsed by the client or legal papers to be reviewed and/or signed by the client. Cash or other items will not be exchanged before, during or after visitation unless prior approval has been received from the Security Supervisor.
6. Visitors may not enter the facility, proceed to the visiting room or leave the visiting room without staff escort.
7. All visitors must be at least 18 years of age, if not immediate family member of the resident, or approved prior to the visit by the Program Administrator or Security Coordinator. Normally, persons under the age of 18 may visit only with the permission of and in the presence of a custodial parent or guardian.
8. Visitors and the client are permitted an embrace including a kiss at the beginning and end of the visit. The duration of the embrace is limited to 60 seconds. The intensity of the physical contact is limited to an embrace, i.e., no petting or fondling. Hand-holding is permitted. Inappropriate physical contact, verbal abuse, necking or petting, hands not in full view or attempting to engage in sexual contact, will result in the visit being terminated. No braiding or grooming of each other's hair is allowed.
9. It is the responsibility of the client and their visitor to supervise and control their children. This applies to the reception and parking lot areas, prior to visiting, as well. If the client and their visitor neglect this responsibility after being warned, the visit will be terminated.
10. Other reasons for visitation termination, denial and/or suspension are as deemed reasonably necessary to preserve the security of the facility and maintain reasonable order in the visiting room.
11. Visitors are asked to telephone the CCP Program at least twenty four (24) hours in advance to inform them of their pending visit. **Please call (406)693-2272 ex: 1000 to verify visits or check on the visiting schedule.**  
**REGULAR VISITATION IS CONDUCTED ON Sundays FROM 1:00 pm to 4:00 pm.**
12. ANY VISITOR ARRIVING AT THE CENTER SUSPECTED OF BEING UNDER THE INFLUENCE OF ALCOHOL, ILLEGAL DRUGS, OR ATTEMPTING TO PASS CONTRABAND WILL BE ASKED TO LEAVE AND WILL HAVE FUTURE VISITATION PRIVILEGES TERMINATED. LOCAL LAW ENFORCEMENT WILL BE CONTACTED FOR SUSPECTED VIOLATIONS OF STATE, FEDERAL, CITY AND COUNTY LAWS.

**I AGREE TO ABIDE BY ALL THE ABOVE RULES AND REGULATIONS AS APPLIED TO MY VISITING PRIVILEGES AT THE COMMUNITY, COUNSELING, & CORRECTIONS, INC., CCP PROGRAM.**

APPLICANT'S SIGNATURE	DATE		
PROCESSING STAFF SIGNATURE	DATE		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Approved</td> <td style="width: 50%; text-align: center;">Denied</td> </tr> </table>	Approved	Denied
Approved	Denied		

**DISABILITY ACCOMMODATION: If you have a health problem, injury, or physical or mental disability and are in need of assistance or accommodation in entering any of our facilities, please contact:  
Jodie McDonald – [jmcdonald@cccscorp.com](mailto:jmcdonald@cccscorp.com), 406-693-2272, ext. 1003**

Please return completed visitor applications to:  
CCP PROGRAM  
Administration (Visiting)  
P.O. Box G  
Warm Springs, MT 59756

**COMMUNITY, COUNSELING & CORRECTIONAL SERVICES, INC.  
CCP West PROGRAM**

**AUTHORIZATION TO CONDUCT AN N.C.I.C. RECORDS CHECK  
(NATIONAL CRIME INFORMATION CENTER)**

I hereby authorize the Identification Bureau of the Department of Justice, State of Montana, to run an N.C.I.C. records check on my background and also authorize the release of the results of said records check to the staff of Community, Counseling & Correctional Services Incorporated.

I further wish to freely waive my right to any federal or state statutes protecting privileged information and authorize disclosure of said information to CCCS, Inc.

I also understand that it is the policy of Community, Counseling, & Correctional Services, Inc. to run background checks on all prospective visitors/sponsors for any of the residents within those community-based correctional facilities operated by C.C.C.S., Inc. I also understand that the records check **must be completed** before any consideration will be given to my request to act in the capacity as an approved community visitor/sponsor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

Applicant's complete & full legal name (**printed**) \_\_\_\_\_

Applicant's complete & full signature \_\_\_\_\_

Applicant's Social Security Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

CCCS, Inc. Staff Signature & Title \_\_\_\_\_

Revised 2/20/2002

**COUMMUNITY, COUNSELING & CORRECTIONAL SERVICES, INC.**  
CCP West Program

Statement of **VISITOR** Confidentiality

The confidentiality of alcohol and drug abuse clients in this program is protected by Federal laws and regulations.

Federal law and regulations prohibit disclosure of any information identifying a CCPW client as an alcohol or drug abuser.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported.

\_\_\_\_\_  
**VISITOR** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date