

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
Gallatin County Re Entry Program
Visitor Application

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

Resident's Name: _____ Date: _____
First Middle Last

Your Name: _____ Sex: M F
First Middle Last

Your Current Address: _____
Street City State Zip

Date of Birth: ___/___/___ Height: ___ Weight: ___ Color Hair: ___ Color Eyes: ___

Your relationship to the Resident: Spouse Mother Father Sister Brother
 Son Daughter Other (List): _____

List Minor Children Accompanying You (Must be accompanied by parent and/or legal guardian)

Child's Name: _____ Age: _____ Relation to Resident: _____
Child's Name: _____ Age: _____ Relation to Resident: _____
Child's Name: _____ Age: _____ Relation to Resident: _____

*Attach separate page for additional entries

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 Resident, how long have you known him and what is your association with him: _____

5. Are you a registered victim of the Resident through VINE or another Criminal Justice entity: _____

6. Are you a victim in any way due to the Resident's current criminal situation? If yes, please explain: _____

7. Is there a Court order in effect prohibiting any contact between you and the Resident: _____

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
Gallatin County Re Entry Program
Visitor Application

**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 GCRP facility may be subject to search procedures.
3. The following items are not allowed on GCRP 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, cameras 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. GCRP is not responsible for lost, stolen or damaged items.
5. Visitors needing to do so may secure approval from the Chief of Security or Security Supervisor to bring in checks to be endorsed by the Resident or legal papers to be reviewed and/or signed by the Resident. 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 an immediate family member of the Resident, or approved prior to the visit by the Program Administrator. 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 Resident 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 Resident 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 Resident 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 required to telephone GCRP at least twenty-four (24) hours in advance to inform them of their pending visit. **Please call (406)994-0300 to verify visits or check on the visiting schedule.**
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 Gallatin County Re Entry Program

APPLICANT'S SIGNATURE	DATE
PROCESSING STAFF SIGNATURE	DATE
	Approved Denied

DISABILITY ACCOMMODATION: If you have a health problem, injury, or physical or mental disability and need assistance or accommodation in entering the facility, please contact:

Program Administrator Alanna Shetter at ashetter@cccscorp.com, or 406-994-0300, ext. 602

Please return completed visitor applications to:

GCRP PROGRAM- Visitation

675 S 16th Ave

Bozeman, Mt. 59715

Fax: (406) 994-0306

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
Gallatin County Re Entry Program
Visitor Application
Statement of *VISITOR* Confidentiality

The confidentiality of all Residents in the GCRP program is protected by federal laws and regulations.

Federal laws and regulations prohibit disclosure of any information identifying a GCRP Program Resident as an alcohol or drug abuser.

Violation of these Federal laws and regulations is a crime. Suspected violations may be reported.

VISITOR Signature

Printed Name

Date

Staff Signature

Printed Name

Date

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
Gallatin County Re Entry Program
Visitor Application
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_____

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
Gallatin County Re Entry Program
Visitor Application
VISITORS DRESS CODE

This code applies equally to men, women and all children above the age of ten.

Visitors must be dressed in a manner that will not distract, disturb or be offensive to other visitors, Residents, or staff in the visiting areas.

These items of clothing will not be allowed in the visiting area:

- Spandex tops or pants
- Shorts any higher than 2 inches above the knee
- Transparent (any visibility through a top, skirt, or pants) clothing without the proper under garments (bra, slip, and underwear) and top or dress showing excessive cleavage.
- Vest (down-filled type)
- Any skirt or dress higher than 2" above knee.
- All shirts and tops must cover the midriff area at all times.
- Hats or caps (unless worn for religious reasons)
- Head scarves (unless worn for religious reasons)
- Tank-type tops are not allowed as an outer garment. All tops, shirts or blouses must have sleeves. Must be worn with a bra, and must not be excessively low cut.

All articles of clothing worn into the Visiting Room will remain on while the visit is in progress and cannot be taken off during the visit. During winter months, Security will allow coats and outer gear to be worn into the facility however, outerwear will stay in the vestibule and is subject to search by Staff.

Failure to follow the dress code could result in the visitation being removed.

THANK YOU FOR YOUR COOPERATION