

**COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
CONNECTIONS CORRECTIONS PROGRAM EAST**

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 the Nexus facility may be subject to search procedures.
3. The following items are not allowed on Nexus 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. Nexus 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 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 client, 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 required to telephone Nexus at least twenty-four (24) hours in advance to inform them of their pending visit. **Please call (406) 535-6660 ext 701 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 THE COMMUNITY, COUNSELING, & CORRECTIONS, INC., NEXUS 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 are in need of assistance or accommodation in entering the facility, please contact: TJ Metcalf- tmetcalf@cccscorp.com 406-535-6660, ext. 704

Please return completed visitor applications to:

Nexus PROGRAM- Visitation

110 Skyline Drive

Lewistown, MT 59457

Fax: (406) 535-6665

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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 Nexus Program client as an alcohol or drug abuser.

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

VISITOR Signature

Printed Name

Date

Staff Signature

Printed Name

Date

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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 clients 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_____