

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
NEXUS PROGRAM
Visitor Application

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

NEXUS Client's Name: _____ Date: _____
First Middle Last

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.

Your relationship to NEXUS 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 NEXUS Client: _____

Child's Name: _____ Age: _____ Relation to NEXUS Client: _____

Child's Name: _____ Age: _____ Relation to NEXUS Client: _____

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: _____

COMMUNITY, COUNSELING, AND CORRECTIONAL SERVICES, INC.
NEXUS 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 the NEXUS facility may be subject to search procedures.
3. The following items are not allowed on the 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 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 NEXUS Program at least twenty four (24) hours in advance to inform them of their pending visit. **Please call (406) 535-6660 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

Please return completed visitor application forms to:

NEXUS PROGRAM
Administration (Visiting)
P.O. Box 1200
Lewistown, MT 59457

Fax: (406) 535-6665

Revised 10/23/2012

Community, Counseling and Correctional Services, Inc.

NEXUS PROGRAM

Statement of VISITOR Confidentiality

The confidentiality of alcohol and drug abuse family members in this program is protected by federal laws and regulations.

Federal law and regulations prohibit disclosure of any information identifying a NEXUS program family member 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