

COMMUNITY INTEGRATION PROGRAM APPLICATION

Community Supervision Standard 04-133 requires that the following application be completed in full and submitted to the designated Central Office Staff via email at KDOC_CIP_Application@ks.gov twenty-one (21) days prior to the anticipated move-in date. The application must be completed by the applicant and Community Supervision Officer (CSO) with approval from the Community Supervision Agency Supervisor (CSAS).

Applicant Name: _____

Judicial District: _____

Supervision Officer: _____ Phone #: _____

Offense: _____

Anticipated Move-In Date: _____

Please mark YES or NO to the following questions listed below. Please provide additional information you feel is important to the youth's admission/participation in the Community Integration Program (CIP), in the Additional Information box provided below.

YES NO

| | | | |
|--|--|----|--|
| | | 1. | Will the applicant be 18 years old or emancipated at the time of the anticipated move in date? |
| | | 2. | What type of supervision will the applicant be under while participating in the CIP? |
| | | | a. Kansas Department of Corrections-Juvenile Services (Case Management) |
| | | | b. Community Corrections (Intensive Supervision Probation) |
| | | | c. Court Services (Probation) |
| | | 3. | Has the juvenile court approved/recommended the applicant's participation in the CIP pursuant to a journal entry? |
| | | 4. | Is the applicant on courtesy supervision? |
| | | 5. | Is the applicant's risk level low or moderate pursuant to their YLS/CMI? |
| | | 6. | Has the applicant obtained independent living skills through one of the sources provided below? Please designate source of independent living skills. |
| | | | a. An independent living skills class Name of class: Source of class: |

YES NO

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|--|--|-----|--|
| | | | b. Mentor Source of mentor: |
| | | | c. Out-of-home placement Name of placement: |
| | | | d. KJCC program |
| | | | e. Other source approved by KDOC-JS Name of Source: |
| | | 7. | Does the applicant have a high school diploma or GED? Please specify. |
| | | | a. High School diploma |
| | | | b. GED |
| | | 8. | Will the applicant be utilizing SSI funds for housing/living expenses? If yes, has the Social Security Office been notified of change in placement? |
| | | 9. | Will the applicant have a medical card / insurance while participating in the CIP? |
| | | | If no, please provide explanation why applicant will not have medical insurance. |
| | | 10. | Has the applicant contacted the CASH program? |
| | | 11. | Does the applicant have a mentor? |
| | | | Name of Mentor: |
| | | | Source of Mentor: |
| | | 12. | Will the applicant have their own room? |
| | | 13. | Will the applicant have a roommate(s)? |
| | | | If so, please provide the roommate's name, relationship with applicant and any known criminal history: |
| | | | Name: |
| | | | Relationship with applicant: |
| | | | Known criminal history: |
| | | 14. | Does the applicant have a significant other that will be residing with them? |
| | | 15. | Does the applicant have biological children that will be residing with them? |
| | | 16. | Will applicant be renting from a family member? |

YES NO

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| | | 17. | Will applicant be renting from a family member of staff employed by the supervision agency? |
| | | 18. | Is the applicant currently employed? |
| | | | If yes, please provide supervisor's name, name of business, address, telephone number: |
| | | | Supervisor's Name: |
| | | | Name of business: |
| | | | Address: |
| | | | Telephone Number: |
| | | 19. | Will applicant be enrolled in on-line college classes while participating in the CIP? |
| | | 20. | What is the plan if applicant doesn't gain employment, loses his/her job or does not meet their financial responsibilities associated with the CIP? |
| | | | Plan: |
| | | 21. | Please provide the name/address/phone number of the landlord / leasing agent: |
| | | | Name: |
| | | | Address: |
| | | | Phone Number: |
| | | 22. | Please provide the name of apartment (if applicable), address and telephone number of the applicant's anticipated residence: |
| | | | Name: |
| | | | Address: |
| | | | Phone Number: |

Additional information:

Please provide a copy of the following documents.

- Birth certificate
- Journal entry noting approval/recommendation of court to participate in CIP
- Current supervision/custody order
- copy of the order approving applicant's participation in the Community Integration Program.
- Plan for obtaining court order approving/ordering CIP:
- Please provide the latest copy of applicant's YLS/CMI.

Please provide the anticipated/known costs associated with applicant's housing/living expenses.

| Area | KDOC Pay | Anticipated/Known Cost |
|-------------------|---|------------------------|
| Rent | | |
| Rent Deposit | One-time payment | |
| Utilities: | | |
| Water | | |
| Water Deposit | One-time payment | |
| Trash | | |
| Trash Deposit | One-time payment | |
| Electric | | |
| Electric Deposit | One-time payment | |
| Gas | | |
| Gas Deposit | One-time payment | |
| Internet: | | |
| Internet | Only if applicant is attending online college | |
| Internet Deposit | One-time payment | |
| Other: | | |
| Groceries* | One-time payment | |
| Hygiene* | One-time payment | |
| Kitchenware* | One-time payment | |
| Bathware* | One-time payment | |

| Area | KDOC Pay | Anticipated/Known Cost |
|------------------------|---|------------------------|
| Bedding* | One-time payment | |
| Furniture | One-time payment if apartment is not furnished | |
| Clothing* | One-time payment if applicant is in need | |
| Baby Furniture/Bedding | One-time payment for biological children residing with applicant only | |

- * Kitchenware consists of: pots, pans, cups, place settings, silverware, kitchen towels and washcloths, light bulbs
- * Bathware consists of: towels and washcloths, toilet paper, shower curtain, rug
- * Bedding Consists of: bed in a bag, sheets, pillows, blanket
- * Hygiene consists of: shampoo, conditioner, deodorant, feminine products, razors, OTC medicine

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| Name Community Supervision Officer | Signature | Date |
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| Name Community Supervision Officer Supervisor | Signature | Date |
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| Name KDOC-JS Designated PCII | Signature | Date |
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| Name CSU Division Manager | Signature | Date |
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_____ Approved _____ Denied

Additional narrative justifying why application was denied.