

**Anoka County Community Corrections – Workhouse**

**WORK RELEASE ELIGIBILITY FORM**

The following information must be provided upon intake to the Workhouse and prior to approval for Work Release status. Work Release privileges allow a maximum of 50 hours per week outside the facility within 6 days unless the Court approves up to 60 hours per week.

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Full Middle Name |
|       |       |       |
| Are you employed by a temporary job service? | [ ]  Yes | [ ]  No |
| Are you self-employed or a subcontractor? | [ ]  Yes (If yes, must provide self-employment criteria  information on page 2) | [ ]  No |
| Are you a full-time student? | [ ]  Yes | [ ]  No |
| Does your job/worksite vary from company business address? | [ ]  Yes | [ ]  No |  [ ]  N/A |
| **Employer/Company or School Name** (**Work/school location may not be more than 50 miles from Workhouse.)** |
|       |
| Street Address | City | State | Zip Code |
|       |       |       |       |
| Company Telephone Number & Area Code | Supervisor’s Name | Supervisor’s Telephone Number |
|       |       |       |
| How long employed or student? | Job title/description, or student of: |
|       |       |
| Describe work duties:       |
| Hourly salary | Check your regular pay day / pay schedule | Check your regular work/school days | Work/school hours |
| $       | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Start:       |
| Mon Tue Wed Thur Fri Sat Sun | Mon Tue Wed Thur Fri Sat Sun  | End:       |
|  [ ]  [ ]  [ ]  Weekly Bi-weekly Monthly | If your schedule varies, you must provide a weekly schedule prior to leaving the facility. |
| **Employer/Company or School Name** (**Work/school location may not be more than 50 miles from Workhouse.)** |
|       |
| Street Address | City | State | Zip Code |
|       |       |       |       |
| Company Telephone Number & Area Code | Supervisor’s Name | Supervisor’s Telephone Number |
|       |       |       |
| How long employed or student? | Job title/description, or student of: |
|       |       |
| Describe work duties:       |
| Hourly salary | Check your regular pay day / pay schedule | Check your regular work/school days | Work/school hours |
| $       | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Start:       |
| Mon Tue Wed Thur Fri Sat Sun | Mon Tue Wed Thur Fri Sat Sun  | End:       |
|  [ ]  [ ]  [ ]  Weekly Bi-weekly Monthly | If your schedule varies, you must provide a weekly schedule prior to leaving the facility. |
| **Required Employment Documentation upon intake to the Workhouse (Check all documents provided.)** |
| [ ]  Paycheck stubs from the previous two pay periods, – AND –  |
| [ ]  A letter from your employer on company letterhead indicating you are currently employed, your position or duties, current work schedule, and location(s). |
| **Required Self-Employment Documentation (Check all documents provided.)** |
| If self-employed, you must provide **at least 3** of the following documents: |
| [ ]  Copy of Federal 1040 tax return from the previous tax year |
| [ ]  Copy of 1099 tax forms from the previous tax year |
| [ ]  Proof of liability insurance and/or worker’s comp insurance (if applicable) |
| [ ]  Written signed job contracts or work orders for each and every job |
| [ ]  Copies of required professional licenses for business |
| [ ]  Copies of current bank statements or business checks demonstrating business income |
| **Transportation to/from work or school.**A drivers’ license check will be completed to verify if the drivers’ license is active, prior to being approved to drive. |
| Method of transportation to/from work or school: |
| [ ]  Using my own vehicle[ ]  Public transportation (bus/train) | [ ]  Getting rides from:      [ ]  Other:       | Vehicle description:       |
| Travel time required **directly** to/from work or school site:       |
| **Vehicle Information:** You must provide a **current** and **valid** drivers’ license issued by your state of legal residence.  |
| State | Drivers’ License Number |
|       |       |
| Vehicle Registration and Insurance must be current. A copy of current insurance is required.If the vehicle is not registered in your name, a letter from the owner authorizing you to use their vehicle is required. |
| Registered in (state) | License Plate Number | Valid through what month? |
|       |       |       |
| Vehicle Make / Model / Color |
|       |
| **Public Transportation (bus/train):** Provide detailed route to and from site (times, route/bus numbers, locations). |
|       |
| **Health Insurance:** Work Release status inmates are responsible for their own medical care.Note: Medical Assistance and other government subsidized health benefits may be suspended during your incarceration. |
| Do you have Health Insurance? | [ ]  Yes | [ ]  No | [ ]  Veterans (VA) benefits | [ ]  Medical Assistance |
| Name of health insurance provider:       |
|  |
| **FOR INTERNAL USE ONLY** |
| Work Release status: [ ]  Approved [ ]  Denied Start Date:       |
| Notes:       |
| Staff signature: Date:  |