

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

			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

		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

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.