

Alternative Custody Facility Enrollment Application

Custody Services Bureau, Custody Alternative Facility
 1011 Las Juntas Street, Martinez, CA 94553 / Phone: (925) 313-4260 / Fax: (925) 313-4290 / Email: caf-ehd@so.cccounty.us



Name (Last Name, First Name Middle Name)				Suffix	Date of Birth
Other Names You Have Used (AKAs)					
Home Address (including Unit Number)			City	State	Zip Code
Cell Phone Number	Home Phone Number	Place of Birth (City, State)			
Email Address					U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Name)		Relationship	Phone Number	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone	
Race (Check One):	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown		
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____		
Ethnicity (Check One):	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Not Latino		
Height	Weight	Hair Color	Eye Color	Gender	
Driver's License / State ID Number	License Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Restricted <input type="checkbox"/> None Issued				
United States Military Status (AB 2568 Requirement)					
Have you served in a branch of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which branch of service? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Space Force			
If Yes, Rank:					
Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Honorable Discharge	<input type="checkbox"/> Less Than Honorable Discharge	<input type="checkbox"/> Dishonorable Discharge	
Do you have any medical or physical condition(s) that might make it harmful to wear an electronic monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , please discuss this condition with your doctor prior to applying to CAF.					

<p>Transfer or Local: Are you applying to transfer into Contra Costa County's EHD program from another county? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, which county? _____</p>
<p>Weapons / Firearms: Are there any firearms or ammunition where you will live? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", they must be stored at another location. Applicant initials acknowledging this requirement: _____</p>

The CAF program requires participants attend scheduled appointments at the CAF office in Martinez on a weekly basis. Will you have reliable transportation to get to the CAF office, whether rides, public transportation, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Information:			
<i>(The vehicle used to travel to/from office visits.)</i>			
Make: _____	Model: _____	Year: _____	
Color: _____	License Plate: _____		

Employment / School Information

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? <input type="checkbox"/> Consistent <input type="checkbox"/> Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Locations			

If you have a second job or attend a second school, complete this section:

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? <input type="checkbox"/> Consistent <input type="checkbox"/> Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Location			

I authorize the Contra Costa County Sheriff to contact my employer(s) and/or school(s) to verify my employment and/or school status, my work and/or school schedule, and my work and/or school location(s).

Applicant Initials: _____

Residential Information

List All Persons Living in Your Residence

Name (Last, First Middle)	Relationship	Is this person over age 18?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you live with a victim associated with this case? Yes No

I understand that as part of the application process for a CAF program, anyone 18 years old or older who lives with me must be notified that I am a participant in this program and must agree to the rules regarding residency. I will have each of them sign a "Resident Agreement" and will submit it as part of my application or immediately after enrollment. I understand that the Contra Costa County Office of the Sheriff may contact anyone 18 years old or older who lives with me to verify they understand and agree to the program rules.

Canine Advisory: I understand it is my responsibility to remove, control, restrain or contain any dogs under my care in my residence. By signing this agreement, I affirm that my dog(s) has not harmed nor shown aggression or threatening behavior toward other dogs or persons, and that I am solely responsible for harm caused by my dog(s) during deputy house checks.

<p>Number of Dogs in Your Care at Residence: _____</p>		
<p>Size:</p>	<p><input type="checkbox"/> Large</p>	<p><input type="checkbox"/> Medium</p>
	<p><input type="checkbox"/> Small</p>	
<p>Demeanor:</p>	<p><input type="checkbox"/> Aggressive</p>	<p><input type="checkbox"/> Docile</p>

Declaration

I hereby declare that I understand the above and that the information I have provided is true and correct to the best of my knowledge.

Applicant Signature

Date

Reviewing Specialist Signature

Date