

**Community Education Centers
Community Alternatives of El Paso County**

Pass and Visitor Sponsorship

Part I: RESIDENT INFORMATION (To be completed by Resident)

Resident Name: _____ DOC/DIV#: _____

Age: _____ Marital Status: _____

Present Conviction: _____

Part II: SPONSOR/VISITOR INFORMATION (To be completed by Prospective Sponsor)

Sponsor's Name: _____ Phone #: _____

Age: _____ Sex: _____ Marital Status: _____ DOB: _____

Address: _____ How long: _____

Please list family members or other persons living with you and their date of births:
(Each Adult will need to sign the sponsorship/visitor packet)

PART III: (To be completed by Prospective Sponsor, if employed)

Company Name: _____

Address: _____ Phone#: _____

PART IV: (To be completed by Prospective Sponsor)

What is your relationship to the resident? _____

How long have you known the resident? _____

Have you ever served as a sponsor of another CEC resident? Yes _____ No _____

If so, for whom? _____ How long? _____

Was your sponsorship terminated negatively, if so why? _____

Have you or anyone living at your residence ever been convicted of a misdemeanor or a felony?

Yes _____ No _____

If yes, please explain:

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Are there any firearms in your home? Yes _____ No _____

If yes, would you be willing to remove the firearms from your residence while you are a sponsor?
Yes _____ No _____

Part V: SPONSORSHIP CRITERIA

1. Must be at least 18 years of age and able to provide proof of age, unless you are the spouse of the resident.
2. Must not currently be on probation or parole.
3. Must have a significant relationship with and positive interest in the resident.
4. Must not accommodate the resident's unauthorized or illegal use of alcohol or drugs, including prescription or over-the-counter medications that have not been approved.
5. Must not accommodate the resident's unauthorized absence.
6. Must be willing to read the Resident Rules and Policies and to support the resident in abiding by same.
7. Must cooperate fully with Agency staff or law enforcement officials in attempting to verify and determine the whereabouts of the resident. Must be able to be reached at all times on a landline.
8. Must be willing to attend a Family Services Orientation prior to having a sponsorship approved.
9. Failure to follow any of these criteria may result in the loss of your sponsorship.

As a sponsor, you should be aware of the following:

1. The resident's movement within the community is restricted and must be approved in advance by agency personnel.
2. The resident is not allowed to operate a motor vehicle while on pass.
3. You must physically be at your residence at all times, while the resident is on pass.
4. The resident is not allowed to be in bars, liquor stores, pool halls, race tracks, arcades, or parks.
5. Should you wish to revoke your sponsorship, you must notify the Agency immediately.
6. **You are authorizing Community Alternatives of El Paso County or law enforcement personnel to inspect your residence at any time.**

As a visitor you will abide by the attached Visitation Rules and Regulations.

By signing this Pass and Visitor Sponsorship Application Form, I understand and agree to abide by all the terms and conditions as herein set forth.

Further, I affirm that all the information contained herein is true and correct to the best of my knowledge, and agree to notify the Agency of any changes in my residence, legal status, or if the resident fails to conform to pass requirements and conditions, as stated herein.

Prospective Sponsor/Visitor Signature (#1)

Date

Prospective Sponsor/Visitor Signature (#2)

Date

**Community Education Centers
Visitation Form**

1. Visitors are welcome at Community Education Centers (CEC). All visitors must agree to conduct themselves in accordance with the below listed rules, as well as other posted rules, while on the grounds of this facility.
2. **You must report to the Dining Room immediately upon the arrival at the Facility. All visitors must cooperate with metal detector inspections and are subject to having their personal belongings searched (including food items). You are subject to searches of your person and vehicle, while in the Facility, or anywhere on its grounds. Visitors may not bring in cell phones or anything deemed as contraband by the facility. Visitors should leave their purses/bags in their vehicle.**
3. You may associate or communicate only with those you are authorized to visit. Only residents engaged in a visit may use the vending machines in the dining room during visitation hours.
4. You must tender a valid picture driver's license to the Operations Department and complete the Visitor's Log. The on-duty Resident Manager will return your driver's license at the conclusion of the visit. You must wear the "Visitor" badge at all times and return upon departure.
5. Visits must be conducted in the designated in the Dining Room only, no outside visitation is allowed. You shall not conduct unauthorized visits in the parking lot or anywhere else on or near Facility grounds.
6. Each visit is limited to no more than three people unless otherwise authorized by the Director or designee. Visiting Hours are non-smoking. If a visitor leaves the facility to smoke or leaves for any other reason he/she will not be allowed back into CAE for the duration of the visitation hour.
7. **Visiting hours are Saturday, Sunday, and holidays from 1400 to 1700. Visiting hours on Sundays are for visitors 18 or older. Visitors under the age of 18, must be accompanied by an adult sponsor during Family Visitation time.**
8. You shall have no physical contact, other than a brief welcome embrace at the beginning and a departing embrace at the end of the visit.
9. Food is allowed, however visitors may not bring in beverages of any kind. Restaurant delivery prohibited.
10. Alcohol and drugs are prohibited. Any visitor suspected to be under the influence of alcohol or a controlled substance shall not be allowed to visit.
11. You must comply with these Rules and Policies and will behave in a responsible, courteous, and a lawful manner. Anyone who fails to comply or behave will be directed to leave the Facility and its grounds, and will be barred from future visits.
12. **No sexually explicit clothing, clothing that depicts gang, drug or alcohol related topics, or clothing that is revealing or deemed inappropriate by staff may be worn.**
13. Visitors assume full responsibility and liability for any loss or destruction of personal property while on CEC grounds. In addition, visitors will be responsible and liable for any damage they inflict on the property of others while on CEC grounds.
14. If any belief or evidence exists that a visit is used for the purpose of a criminal act or attempt, that visitor may be permanently barred, and if probable cause exists, subject to prosecution.
15. Any person who refuses to sign this form will not be permitted to visit.

Adult Visitor #1

Printed Name	Signature	Date
Address	City, State, Zip Code	Phone
Age	Relationship to Resident	On Probation/Parole? <input type="checkbox"/> Y <input type="checkbox"/> N Driver's License or ID #

Adult Visitor #2

Printed Name	Signature	Date
Address	City, State, Zip Code	Phone
Age	Relationship to Resident	Driver's License or ID #
		On Probation/Parole? <input type="checkbox"/> Y <input type="checkbox"/> N

Adult Visitor #3

Printed Name	Signature	Date
Address	City, State, Zip Code	Phone
Age	Relationship to Resident	Driver's License or ID #
		On Probation/Parole? <input type="checkbox"/> Y <input type="checkbox"/> N

Name of Minor _____ DOB _____ Relationship to Client _____

Name of Minor _____ DOB _____ Relationship to Client _____

Name of Minor _____ DOB _____ Relationship to Client _____

Case Manager's Recommendation for Visitation: _____ Approved _____ Disapproved

Staff Signature _____ Date: _____

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Part VI: DATE OF TELEPHONE CONTACT (To be completed by the Case Manager)

Case Manager's Recommendation for Sponsorship: _____ Approve _____ Disapprove

Date of Family Services Orientation: _____

Reason for disapproval or conditions:

Case Manager

Date

Mail this application to the attention of the Case Manager at:
Community Alternatives of El Paso County
2945 E. Las Vegas Street
Colorado Springs, Colorado 80906

DROP-OFF INFORMATION

New arrivals are allowed their initial drop off any time before 9:00 PM any day of the week. Once they receive their initial drop off, they are only allowed drop offs during visitation hours.