# Hazel D. Plant Women's Treatment Facility 620 Baylor Blvd. New Castle, DE 19720 (302) 777-6800

### **Host Agreement Form**

Offender Name:				
Offender DOB:		SBI:		
Host Name:			Relationship:	
Host ID#:	Host DOB:	Phone #:		
Address:		Bldg/Apt #:		
Development/Apt. Complex	::			
City:		State:	Zip:	
*copy of host ID and phone	bill must be attached			
General Rules (initial next t	o every line):			
I will assist the offer	nder in following the rules	of supervision.		
I will immediately re	eport any problems to the	facility, (302) 777-	6800.	
I will permit officers	to enter the residence ay	any time to check	on the offender.	
I am not allowed to in the residence.	have any types of firearms	, ammunition, da	ngerous weapons or explosives	
	ve named offender to live e with the guidelines of the	-	may be subject to a warrant-less Correction.	
I may rescind this a	greement at any time by ca	Illing the facility.		
I cannot have been in the residence.	a victim of the offender, no	or can any previou	is victims of the offender reside	
l understand that i approval.	f the offender is a sex offer	nder a physical ho	me visit must be made prior to	
•	ep my phone line on at all t and follow the directives.	ime, if there is evo	er an issue I must contact the	
The offender may b	e called back to the facility	at any time.		
Any police contact r	must be reported immedia	tely to the facility.		
The offender is not	allowed to drink alcohol or	take any type of i	illegal substance.	

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<b>Housing</b>	

Is this address subsidized housing (i.e Section 8, WHA):				Yes	No
	he lease?	Yes	No		
Who else resi	des in the home: (name and	I DOB):			
1.					
	Under DOC Supervision?	Yes	No		
2.					
	Under DOC Supervision?	Yes	No		
3.					
	Under DOC Supervision?	Yes	No		
4.					
	Under DOC Supervision?	Yes	No		
5.					
	Under DOC Supervision?	Yes	No		
Telephone Re	estrictions				
I must provide an original phone bill and am required to have a landline phone. I understand that I am not allowed to have the following features on my phone:					
	Call forwarding Three-way Calling				
I am aware that any violations of the rules and/or law may result in the offender being returned to the facility. S/he may also be prosecuted for escape if s/he cannot be located. While on furlough the offender is only allowed out during the designated free time or to travel to and from the facility. Anytime the offender leaves the residence the facility must be called. Upon signing this agreement, I acknowledge the rules have been explained to me.					
Host Signature	e:		_ Date:		
Staff Name:			Date:		

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Staff Signature:						
Verified with vitals: Yes	No	Date:	Initials:			
Host card completed by:			Date:			