

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 to every line):

- _____ I will assist the offender in following the rules of supervision.
- _____ I will immediately report any problems to the facility, (302) 777-6800.
- _____ I will permit officers to enter the residence at any time to check on the offender.
- _____ I am not allowed to have any types of firearms, ammunition, dangerous weapons or explosives in the residence.
- _____ By allowing the above named offender to live in my residence, I may be subject to a warrant-less search in accordance with the guidelines of the Department of Correction.
- _____ I may rescind this agreement at any time by calling the facility.
- _____ I cannot have been a victim of the offender, nor can any previous victims of the offender reside in the residence.
- _____ I understand that if the offender is a sex offender a physical home visit must be made prior to approval.
- _____ I am required to keep my phone line on at all time, if there is ever an issue I must contact the facility immediately and follow the directives.
- _____ The offender may be called back to the facility at any time.
- _____ Any police contact must be reported immediately to the facility.
- _____ The offender is not allowed to drink alcohol or take any type of illegal substance.

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Staff Signature: _____

Verified with vitals: ____ Yes No Date: _____ Initials: _____

Host card completed by: _____ Date: _____