

CHILD CARE / HUBER PRIVILEGE FORM

INMATE : _____ **DATE:** _____

Reason for needing child care privilege: _____

At Address: _____ City: _____ Phone # _____

of people residing at residence - _____ # of children _____ Adults _____

Names and ages of all Children/Adults residing at this residence:

School That Children Attend: _____

Children School Activities (Dates, Times, Places) _____

Who Cares for the Children when you are not there: _____

Address and phone number of such person: _____

Emergency contact person for children (name/address/phone #) _____

Name, Address, Phone # of Spouse / Significant other's Employer: _____

Spouse / Significant other's Supervisors' name and direct phone # _____

Hours of work for Spouse / Significant other: _____

Days and times you are needed for child care - _____

Type of travel to and from residence / Who's driving: _____

You are not allowed to leave the residence for any reason at all without prior approval from the jail staff. No other person who is old enough to watch children may be at the residence during the time you are there for child care. Huber rules must be followed

***** Do Not Write Below This Line *****

Base Line Drug Test - Tested Negative on Date: _____ Tested By Officer / Badge #: _____

Approved: [] Yes [] No **Corrections Supervisor:** _____ **Date:** _____

If rejected, Reason for Rejection: _____

Restrictions on approved child care request: _____