



2. Residents who meet the requirements for the AHC as outlined in IV (A) who are recommended for Administrative Home Confinement by the Court in the sentencing order shall be exempt from the 14-month time requirements. The AHC application process shall commence as soon as possible after booking by a corrections officer. If a court order indicates a specific number of days to be served and a recommendation for AHC is part of the order post days served, the AHC packet will begin to be processed with the goal of release to AHC to align to the last day served as outlined in that court order.
3. Residents who are denied C-1 status by the Court are not eligible to apply for AHC. If an AHC application is in process when the court objection is received by the Department of Corrections, that application will be rejected.
4. At the time of application, eligible residents shall have a verified, established residence and employment. Residents without employment may apply provided they have reasonable prospects for employment or an acceptable alternative including enrollment and acceptance to an education institution of higher learning and a verified ability to pay for electronic monitoring.
  - a. Residents must reside in New Hampshire and must maintain option free (i.e. no call waiting, Internet, answering machine, etc.) telephone service in their approved residence, at all times and at their own expense.
  - b. Residents must participate in electronic monitoring.
  - c. Employment must be within the State of New Hampshire.
  - d. Out of state travel will only be considered on a case-by-case basis by the supervising Probation Parole Officer in consultation with the Office of the Commissioner as it pertains to employment.
5. Persons convicted to State Prison for the following offenses are **NOT** eligible for the AHC Program:
  - a. Capital, First Degree, or Second Degree Murder;
  - b. Attempted Murder;
  - c. Manslaughter;
  - d. Aggravated Felonious Sexual Assault, Felonious Sexual Assault, Sexual Assault; Failure to Register/Duty to Report (RSA 651-B); Computer Pornography Prohibited 649-B:3, or Certain Uses of Computer Services Prohibited 649-B:4.
  - e. First Degree Assault;
  - f. Second Degree Assault;
  - g. Class B Assault by Prisoner;
  - h. Robbery;
  - i. Escape;
  - j. Aggravated DUI
  - k. Any AHC revocations in the past three years; and
  - l. All other offenses will be considered on a case-by-case basis.
6. Probation referrals should be felony level cases that would, but for the existence of the home confinement provision under RSA 651:2V result in incarceration.
7. Residents who currently have outstanding charges in other states, for which that state will not lodge a detainer, may apply.
8. In a case where a resident has a consecutive sentence, the resident must be serving the last consecutive sentence when applying for the program. Exceptions will be considered if last consecutive sentence is 12 months or less.

B. Electronic Monitoring

1. Electronic monitoring is intended to provide a moderate to high level of participant supervision by assisting the Probation/Parole Officer (PPO) in verifying compliance with conditions of AHC, probation, or parole. It is a tool to enhance supervision and not meant or intended as a substitute for face-to-face contact between the supervising PPO and the participant.
2. Sources of referral for electronic monitoring are limited to the following areas:

- a. Parole Board order;
  - b. Technical and non-violent probation and parole violators in lieu of a full return to custody;
  - c. Presentence Investigation Report recommendations to the Superior Court submitted after consultation with the Chief Probation/Parole Officer (CPPO). The applicant must sign the appropriate forms prior to appearing in Court.
  - d. AHC participants who are approved by the Commissioner.
3. Residents in the community who have a high-risk score and are in need of a highly structured program may be considered. This is true especially with persons who require structured activities beyond employment, self-improvement pursuits and the fulfillment of basic needs. These cases may require strict and close monitoring that cannot be accomplished by standard probation/parole supervision or curfew restrictions.

V. AHC Application Procedures:

- A. At all C-3 and below unit reclassification boards, AHC will be discussed with the resident and the AHC information made available by the Case Counselor/Case Manager (CC/CM). Residents who meet the requirements for C-2 status will be reviewed and considered for AHC by the CC/CM. Those who have an established support system within the community (i.e. family, employment, civic/religious activities as well as any necessary community-based treatment programming) shall be encouraged to apply for AHC. The CC/CM will provide the *Application for Administrative Home Confinement* (attachment 1) to the resident should they wish to apply.
- B. Transitional Housing Unit residents shall be considered for AHC by the CC/CM. The CC/CM shall conduct 30-day reviews on eligible residents to determine if AHC is appropriate and document the review within the CORIS notes section for that resident.
- C. Each application will contain verification of the following facts:
  1. The applicant has, or is likely to obtain, full time employment or an educational opportunity, and is able to meet the financial obligations; written verification of employment or rationale describing why the applicant believes they will secure employment or education;
  2. The applicant has or can secure an acceptable place to live;
  3. The applicant will pay or arrange for the full cost of maintaining the electronic monitoring device and its associated services;
  4. The applicant will pay or arrange for the full cost of maintaining telephone service at their approved residence;
  5. The applicant waives any rights that may restrict, in any way, full searches and inspections of their person, property, possessions or work places and that those with whom they may reside waive any such rights they may have;
  6. The applicant agrees to return from any location when so ordered by Corrections authorities for any reason, or for no reason at all, and waives any rights to extradition or the due process associated in any way therewith;
  7. The applicant understands that failure to be at the specified place at the specified time or tampering with electronic monitoring devices or failure to return to the Prison voluntarily constitutes escape or attempted escape and will result in return to prison to face additional administrative and judicial penalties.
  8. The applicant has completed and/or participated meaningfully in all programs, treatments or other areas or requirements recommended by the NH Department of Corrections, the Parole Board, or as required by the sentencing court.
- D. AHC Application Process:
  1. The resident will initiate the application process with the assistance of the CC/CM.
  2. Case Counselor (CC) / Case Manager (CM)
    - a. The CC/CM will gather information that will include the following documents:
      1. Application for Administrative Home Confinement (attachment 1);
      2. At Home Confinement (AHC) Interview (attachment 2) and requested

- documents listed within attachment 2.
3. Administrative Home Confinement Routing Sheet (attachment 3);
  4. Electronic Monitoring Program Agreement (attachment 4)
  5. Employer Notice of Intent to Hire Form (attachment 5) or Education Institution Acceptance Letter (Staff will verify);
  6. Authorization for Release of Protected Health Information (attachment 7).
- b. Applications not processed within 60 days must have an updated synopsis, NCIC record check and release plan if subsequently re-submitted.
  - c. Upon receipt of a resident's *Application for Administrative Home Confinement* the receiving/assigned CC/CM will initiate an *Administrative Home Confinement Routing Sheet* by completing all relevant applicant information as to the name of the resident, the resident's CORIS Identification Number, their housing assignment, their minimum parole date, and the date of the application. The CC/CM will also enter that date that the application was received by the CC/CM within the "date in" section provided for the CC/CM.
  - d. Within Seven business days of receiving the application, the CC/CM shall verify the information supplied by the resident, mark the routing sheet to indicate the application is complete (incomplete applications shall be returned to the resident for completion), and whether the resident meets or does not meet program requirements. Justification supporting the decision on whether the application meets or does not meet requirements shall be entered in the comment section
  - e. The CC/CM shall also review the Resident's CORIS record to determine if victim/witness notification is required. If notification is required, the CC/CM shall inform the Victim Services Office of the application for the AHC program and note on the *Administrative Home Confinement Routing Sheet* that notification is required and that Victim Services has been notified.
  - f. Once the CC/CM has completed their review, they will enter the current date as the "date out", initial their section, and forward the *Application for Administrative Home Confinement*, the *Administrative Home Confinement Routing Sheet*, and all assigned relevant documents to Client Records within one business day.
  - g. The *Application for Administrative Home Confinement*, the *Administrative Home Confinement Routing Sheet*, and all relevant and required documents for the purposes of this policy are referred to as the Application for Administrative Home Confinement Packet (AAHCP).
  - h. The Case Manager will record the outcome of their review and when the packet was forwarded to behavioral health in notes section of the electronic client record.
3. Client Records
    - a. Upon receipt of an AAHCP completed by a CC/CM, Client Records will enter the date received within the "date in" section provided for Client Records on the *Administrative Home Confinement Routing Sheet*.
    - b. Within two business days of receiving the AAHCP, Client Records will gather and include the following documents in the AAHCP:
      1. All court sentencing orders,
      2. All indictments,
      3. NCIC – Updated NCIC will be entered into client record and shall not be attached to AHC packet. It is critical that all sentencing orders and indictments are included in the AAHCP. The Mittimus must be legible, and include all docket numbers, or the packet will be returned to the originator's supervisor.
    - c. Once Client Records has completed their review, they will enter the current date as the "date out", initial their section of the *Administrative Home Confinement Routing Sheet*, and forward the AAHCP to Behavioral Health within one business day.
  4. Classifications
    - a. Upon receipt of an AAHCP completed by a CC/CM, Classifications will enter the

date that the application was received within the "date in" section provided for Classifications on the *Administrative Home Confinement Routing Sheet*.

- b. Within two business days of receiving the AAHCP, Classifications shall verify the information supplied by the resident, mark the routing sheet to indicate the application is complete (incomplete applications shall be returned to the resident for completion), and whether the applicant meets or does not meet program requirements. Justification supporting the decision on whether the application meets or does not meet requirements shall be entered in the comment section.
- c. Once Classifications has completed their review, they will enter the current date as the "date out", initial their section, and forward the AAHCP within one business day to the either the Warden or Director of Community Corrections dependent on which has authority over the applicant based on their housing assignment.

5. Behavioral Health

- a. Upon receipt of an AAHCP completed by a CC/CM, Behavioral Health will enter the date that the application was received within the "date in" section provided for Behavioral Health on the *Administrative Home Confinement Routing Sheet*.
- b. Within five business days of receiving the AAHCP, Behavioral Health shall verify the information supplied by the resident, and check resident records related to Behavioral Health and substance abuse to determine what treatments and/or programs may be required. Treatment and/or program compliance will be confirmed and the routing sheet will be marked to indicate whether the applicant meets or does not meet required treatment and/or program requirements. Justification supporting the decision on whether the application meets or does not meet requirements shall be entered in the comment section.
- c. If behavioral health staff are recommending the release treatment plan be updated/changed based on the client's record and need, they can forward the packet back to the CC/CM who will have 5 business days to make changes with the resident and resubmit back to behavioral health services. This will be documented on the cover sheet under comments.
- d. Once Behavioral Health has completed their review, they will enter the current date as the "date out", initial their section of the *Administrative Home Confinement Routing Sheet*, and forward the packet to the Classifications office within one business day.

6. Warden/Director

- a. Upon receipt of an AAHCP completed by a CC/CM and Classifications, the applicable Warden or Director or their designee will enter the date that the application was received within the "date in" section provided for the Warden or Director on the *Administrative Home Confinement Routing Sheet*.
- b. Within seven business days of receiving the AAHCP, the Warden or director or their designee will complete a review and make a recommendation as to the approval or denial of the application. Justification supporting the decision to recommend or not recommend further consideration shall be entered in the relevant comment section provided for the Warden or Director on the *Administrative Home Confinement Routing Sheet*.
- c. Once the Warden or Director or their designee has completed their review, they will enter the current date as the "date out", initial their section, and forward the AAHCP to Field Services.

7. Field Services

- a. Upon receipt of an AAHCP forwarded by a Warden or Director, the Field Services Central Office will log the packet and forward it within 1 business day to the respective District Office.
- b. Upon receipt of an AAHCP forwarded from the Field Services Central Office, the District Office will enter the date that the AAHCP was received within the "date in" section provided for the District Office Investigation on the *Administrative*

*Home Confinement Routing Sheet.*

- c. Within fifteen business days of receiving the AAHCP, the District Office will complete an investigation as to the suitability of the proposed residence, employment, and/or financial support. Probation Parole Officers (PPOs) who find deficiencies within the plan will attempt to correct the deficiencies with the assistance of the CC/CM. If the District Office is unable to complete the investigation within the 15 days, or if there are correctable issues that require additional time to make the plan viable, the Director of Field Services will be informed. The Field Services Director may grant an extension of time which shall be noted in the relevant comment section.
  - d. Once the District Office has completed their investigation, they will enter the current date as the "date out", initial their section on the *Administrative Home Confinement Routing Sheet*, and forward the packet within 1 business day to the Director of Field Services along with their investigation report (which becomes part of the AAHCP).
  - e. Upon receipt of an AAHCP completed by the District Office, the Director of Field Services will enter the date that the application was received within the "date in" section provided for the Director of Field Services on the *Administrative Home Confinement Routing Sheet*.
  - f. Within two business days of receiving the AAHCP, the Director of Field Services will review the AAHCP and make a recommendation as to the approval of the application. Justification supporting the decision to recommend or not recommend further consideration shall be entered in the comment section.
  - g. Once the Director of Field Services has completed their review, they will enter the current date as the "date out", initial their section on the *Administrative Home Confinement Routing Sheet*, and forward the packet to the Commissioner within 1 business day.
8. Commissioner
- a. Upon receipt of an AAHCP forwarded by the Director of Field Services, the Commissioner's Office will log the packet, enter the current date into the "date in" of the relevant section on the *Administrative Home Confinement Routing Sheet*, and forward the AAHCP within 1 business day to the Commissioner.
  - b. Within thirty business days of receiving the AAHCP the Commissioner will review the AAHCP and decide whether or not to approve the application. The approval decision will be noted on the *Administrative Home Confinement Routing Sheet* and justification supporting the decision to recommend or not recommend the application shall be entered in the comment section.
  - c. Once the Commissioner has completed their review, they will enter the current date as the "date out", initial their section of the *Administrative Home Confinement Routing Sheet*, and forward the packet to the Client Records within 1 business day.
9. Client Records
- a. Upon receipt of an AAHCP forwarded from the Commissioner, Client Records will enter the date that the application was received within the "date in" section provided for Client Records on the *Administrative Home Confinement Routing Sheet*.
  - b. Within two business days of receiving the AAHCP, Client Records will review the AAHCP, and determine whether the Commissioner has approved or denied the application, and will follow the procedures for either approval or denial as provided in sections E and F respectively.
- E. Approval notification:
1. If approved by the Commissioner, Client Records will complete and send an original *Administrative Home Confinement Synopsis* (attachment 6) to the appropriate Clerk of Court with copies to the County Attorney or Attorney General's Office giving them notice of the AHC request. The Department will follow the State statute as it pertains to

timelines pursuant to **651:25 Release From State Prison.** –

I. The commissioner of corrections may release any person who has been committed to the state prison at any time during the term of sentence for the purpose of obtaining and working at gainful employment, for the performance of uncompensated public service as provided in RSA 651:68-70, or for such other purpose as may be deemed conducive to his rehabilitation, for such times or intervals of time and under such terms and conditions as may be prescribed by the commissioner pursuant to RSA 541-A, provided, however, that a prisoner who has not served sufficient time to be eligible for parole may be released under this section only if the sentencing court and the prosecutor of the underlying offense have been notified of the proposed release, and there has been no objection within 10 days of the notice by either the sentencing court or the prosecutor of the underlying offense. If the prosecutor of the underlying offense objects to the proposed release, the prosecutor shall submit in writing to the sentencing court the reasons for objecting. The sentencing court shall, within 10 days of receipt of the prosecutor's objection, schedule a hearing on the proposed release. The sentencing court shall then approve or deny the proposed release.

Client Records will enter the date that the *Administrative Home Confinement Synopsis* is sent on the *Administrative Home Confinement Routing Sheet* and the date that an approval or denial is received. Client Records will notify the Field Services Central Office when the court notification has cleared, and Central Office will then confirm the approval to the assigned District Office, the CC/CM, Client Records and the monitoring company. This information will be stored in electronic client record system (e.g. FileHold).

2. Client Records will coordinate a release date with the monitoring company and Field Services.
  3. Client Records will also notify Central Control, the resident, the applicable Field Services District Office, the applicable facility Shift Commander, applicable CC/CM, electronic monitoring vendor, Victim Services, Resident Accounts and the facility Receiving & Diagnostics Unit of the date. Client records will add the approved release date to the *Administrative Home Confinement Routing Sheet*.
  4. The supervising PPO will submit the Client's electronic monitoring enrollment form/schedule to the vendor prior to the scheduled release date (attachment 8).
  5. Client Records will maintain a copy of the approved application packet and all relevant documents in FileHold.
- F. Denial notification:
1. Applications denied by the Warden/Director will be returned to Client Records and must include the reason for the denial on the *Administrative Home Confinement Routing Sheet*. Client Records will notify the appropriate CC/CM and resident of the denial and reason. A copy of the denied AAHCP will be filed within FileHold by Client Records.
  2. Applications denied by the Commissioner will be returned to Client Records and must include the reason for the denial on the *Administrative Home Confinement Routing Sheet*. Client Records will notify the appropriate CC/CM, the resident and applicable Field Services District Office of the denial and reason. The Field Services District Office will notify the assigned Probation/Parole Officer of the denial. A copy of the denied AAHCP will be filed in FileHold by Client Records.
  3. The resident may receive a copy of the *Administrative Home Confinement Routing Sheet* if requested. Final denials cannot be appealed. Should the resident later choose to reapply, the application must contain relevant information about what has changed from the earlier disapproved application to warrant re-consideration.
  4. When the Court objects to or denies an application, Client Records will notify the applicable Field Services District Office and the resident's assigned CC/CM. The Field Services District Office will notify the assigned Probation/Parole Officer of the denial, and the CC/CM will notify the resident.

5. If the Court objects, the resident is not eligible to reapply, unless subsequent consideration is recommended by the Court in their response.
- G. Approved placement into status:
    1. Approved residents may be placed into AHC status at a date arranged by Client Records subsequent to judicial approval or non-objection.
    2. Approved residents are in C-1 custody status while placed in the AHC Program.
    3. Residents approved for AHC (participants) who fail to obtain employment through their own actions or lack of initiative may be returned. Participants who have not obtained employment through no fault of their own and who do not need additional structure will continue on AHC status with continued monitoring of their efforts.
  - H. Participants of this program are supervised in accordance with risk/needs assessment(s) completed by pursuant to PPD 5.06 Supervision of Offenders. The supervising PPO shall submit a progress report to the Parole Board for consideration at the participant's parole hearing using the AHC Progress Report Template (attachment 9).
  - I. The AHC Progress Report will be entered into a CORIS Note. PPOs are authorized to add special conditions of behavior, as necessary, as a requirement for supervision. Compliance with standard conditions of probation/parole is expected of the participant.
  - J. PPOs are authorized to approve attendance at treatment programs or other activities that are consistent with the participant's rehabilitation and positive transition to the community.
  - K. The general curfew for participants who are placed on AHC is 10:00 p.m. to 6:00 a.m. Curfews may be modified for employment or programming needs at the discretion of the supervising PPO.
  - L. In consonance with paragraph IV F of PPD 2.16, persons performing PPO duties are designated part-time members of the prison security force empowering them as officers to arrest and detain participants who have or are escaping by violating the AHC agreement or who are violating rules set forth in RSA 651:25 III.
  - M. Participants who are on AHC status and cannot be located by their supervising PPO shall be reported to the Bureau of Investigations as being in escape status. The Bureau of Investigations shall implement procedures outlined in PPD 5.02 - Fugitive Apprehension. Any subsequent criminal charges will be coordinated between the Bureau of Investigations and Field Services until the matter is resolved.
  - N. Should the participant's behavior not be acceptable, they will be taken into custody and returned to confinement if necessary. Participants may be returned to the closest appropriate state prison facility. Field Service staff can request transportation assistance from the prison when necessary. The Pending Administrative Review (PAR) process may be used with a detailed report serving as the complaint (see PPD 5.25). PPOs or any other law enforcement officer may make or assist in such arrest and return to custody. **The PPO shall complete a disciplinary report and the Shift Commander will complete the PAR Slip in accordance with PPD 5.25.**
  - O. Participants will be provided with a prison issued ID card that identifies them as an AHC participant. The card should be returned to the Parole Office and placed in the closed AHC file when granted parole.
  - P. Participants are responsible for the cost of their own medical, dental and behavioral health care and will not receive these services from the Department of Corrections. Participants who are on medications at the time of their release to AHC will be responsible for going to sick call to request release medication and working with their facility's medical staff regarding arrangements for continuity of current medications after release. In addition, participants are to meet with their CC/CM to complete appropriate re-entry planning steps including the opportunity to determine eligibility for Medicaid and other social services.
  - Q. In addition, funds may be available to help assist participants who have experienced a sudden loss of income or other financial hardship that jeopardizes or prevents their participation in the AHC program. This assistance is discretionary and considered on a case-by-case basis. All requests for this relief must be made directly in writing to the Director of Field Services with a demonstration of need.

VI. ELECTRONIC MONITORING PROCEDURES:

- A. All residents, probation, or parolees assigned to electronic monitoring (participant) will be assigned a supervising PPO.
- B. The assigned PPO will review the *Electronic Monitoring Program Agreement* with the

<b>Equip Type</b>	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly amount</b>	<b>DEPOSIT</b>
<b>RF Landline</b>	\$5.50	\$38.50	\$77.00	\$77.00
<b>RF Cellular</b>	\$5.75	\$40.25	\$80.50	\$80.50
<b>RF LL &amp; BART</b>	\$8.00	\$56.00	\$112.00	\$112.00
<b>RF Cell &amp; BART</b>	\$10.00	\$70.00	\$140.00	\$140.00
<b>GPS</b>	\$5.75	\$40.25	\$80.50	\$80.50
<b>GPS &amp; BART</b>	\$11.25	\$78.75	\$157.50	\$157.50
<b>BART</b>	\$7.50	\$52.50	\$105.00	\$105.00

participant and provide payment instructions.

1. Participants must be prepared to pay for two weeks of service in advance.
  2. Payment must be made by money order or bank check only, no personal checks.
  3. Payments must be made directly to the DOC contracted vendor.
  4. The cost of the program may vary depending upon the contract with the vendor and any other program obligations imposed upon the participant. Indigent participants who are otherwise eligible may still be considered for program participation, as for every 10 units in use, one has been set aside for indigent participants. The same may be true for participants on the program who lose their job or are unable to meet the per day contract price.
  5. Electronic Monitoring shall only be done through the use of GPS capable systems, except that radio frequency may be used in certain circumstances with recommendation of the Director of Field Services and approval of the Commissioner.
  6. The fee schedule for monitoring equipment is as listed below:
- C. Participants must complete and agree to the *Electronic Monitoring Program Agreement*.
  - D. The supervising PPO will work complete the Client Information Form/Schedule and forwarded it to the approved electronic monitoring vendor.
  - E. Participants will be instructed and responsible to report to the approved vendor for equipment installation.
  - F. Each monitoring case shall be entered in CORIS in accordance with case opening and case management procedures.
  - G. In the event of a system "alert" during duty hours, the supervising PPO will be expected to respond to the situation. The participant's home will be contacted if appropriate to resolve the matter or the PPO will respond as appropriate.
  - H. During non-duty hours, prison control will be contacted by the monitoring center. The prison control officer will contact the supervising PPO and proceed up the chain of command as needed.
  - I. Probation/Parole Officers who must investigate an alert should attempt to verify the participant's presence via telephone. The vendor should also be contacted for technical information relating to the reported violation. If the participant's equipment has malfunctioned but their presence has been verified, the PPO will make arrangements to replace the equipment at the next reasonable opportunity.
  - J. In the event a PPO must respond to a violation, arrangements shall be made for back up assistance with local law enforcement authorities or other PPOs. All arrests of participants shall be reported pursuant to PPD 5.07.

REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Other

**RSA 651:2-V(e)**  
**PPD 5.02 Fugitive Apprehension**

Jean/lb

Attachments



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

**APPLICATION FOR ADMINISTRATIVE HOME CONFINEMENT**

TO: Commissioner of Corrections

- 1) I request to be approved for Administrative Home Confinement, in accordance with the provisions of PPD 5.94.
- 2) I am parole eligible or will be parole eligible on \_\_\_\_\_.
- 3) I have obtained full-time employment or can obtain full-time employment.
- 4) I have enrolled in a full-time educational program or intend to enroll in a full-time educational program, if required.
- 5) I have an approvable residence and have notified all persons living there of the conditions under which I must live.
- 6) I will pay or arrange to pay for the full cost of maintaining the electronic monitoring device and its associated services as will be stated in the Electronic Monitoring Program agreement. I will pay two weeks in advance prior to hookup.
- 7) I will arrange for having and maintaining option-free (no call waiting, internet, answering machine, etc.) telephone service at the residence stated above.
- 8) I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
- 9) I agree to return to New Hampshire State Prison from anywhere I may be when so ordered by Corrections authorities for any reason, or for no reason at all and waive any rights I may have to extradition or due process associated in any way therein.
- 10) I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
- 11) I understand that persons under department control enrolled in the Administrative Home Confinement Program are responsible for the costs of their own medical care and will not receive medical services from the Department of Corrections. If I am currently on any medications, I will check with my facility's medical staff regarding arrangements for insuring that I have these medications upon release, if needed.
- 12) I have completed and or engaged meaningfully in all recommended treatment or programs as referred to by the Department or per my sentencing documents.
- 13) I further extend the Authorization for Release of Protected Health Information including any information relevant to substance use disorder treatment to allow sharing of information to the courts for consideration of AHC, and understand that withdrawal of consent may terminate participation in AHC.

(All other attachments must be completely filled out, signed and accompany this page in order for the application to be processed).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

- AT HOME CONFINEMENT (AHC) INTERVIEW FORM
- PAROLE SYNOPSIS

**INSTRUCTIONS:**

Assigned Corrections Counselor/Case Managers (CC/CM) will meet face to face with individual applying to plan and assist in developing an appropriate and detailed release plan that will help residents be successful if released on AHC. Failure to devise a detailed plan may result in the disapproval of this plan.

Date of Application (M/DD/YYYY):		
Full Name:		CORIS ID:

Program Compliance:

NHDOC Required Programs:	
Court Order Requirements:	
NHDOC referrals made:	
Pending Referrals:	

HOUSING PLAN:

Home Address:	Street	Town	Zip Code	State
Phone Number:			Circle one: Cell Phone	Home/Land Phone
NAME OF LANDLORD				
Phone Number:				
<b>WHO WILL BE LIVING IN THE HOME WITH YOU?</b>				
Full Name	Relationship to You	Adult (Yes or No)	Date of Birth	
ARE ANY CURRENT OR FORMER VICTIMS RESIDING IN THE RESIDENCE?			Circle one: YES or NO	

If YES, Explain:	
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<b>Case Manager initial housing verification:</b> Please contact landlord (or individual the resident will be living with) and review the below questions with them. Landlord (or individuals giving resident a place to live) agreeing to have the individual stay in their residence? <b>NOTE:</b> If unable to confirm ask Resident for additional contact numbers, if still unable to confirm after 7 days, and all other information complete send application forward. If you receive contact after application was sent forward, send information to be added to the packet to field services. Unless concerns then attempt to recall packet and make changes.	Date Contacted: Person Contacted:  Circle One: YES or NO If no, new residence must be Provided.
ARE THERE ANY FIREARMS, ALCOHOL, OR ILLEGAL DRUGS IN THE RESIDENCE?	Circle one: YES or NO

If YES, Explain:	

DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND YOU ARE SUBJECT TO UNANNOUNCED HOME VISITS AND SEARCHES?	Circle one: YES or NO
DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND THERE CAN BE NO FIREARMS, ALCOHOL OR ILLEGAL DRUGS IN THE RESIDENCE?	Circle one: YES or NO

**EMPLOYMENT PLAN:**

Name of Place of Employment:				
Work Address:	Street	Town	Zip Code	State
Name of Supervisor:				
Phone Number:			Circle one: Cell Phone	Home/Land Phone
Rate of Pay:	Hours per Week:			
How will you get to work?:				
If you are not driving, who will be driving you?				
Full Name		Relationship to You	Date of Birth	

**EDUCATION PLAN:**

WILL YOU BE ATTENDING SCHOOL?	Circle one: YES or NO			
If Yes, Name of School:				
School Address:	Street	Town	Zip Code	State
Contact Person:				
Phone Number:	Will you be a full-time student?	Circle one: YES or NO		

**TREATMENT PLAN**

WILL YOU BE NEEDING ONGOING TREATMENT?	Circle one: YES or NO
--	-----------------------

Check Off All Treatment Needs that Apply to You:	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Substance Use Disorder Counseling
	<input type="checkbox"/> Sexual Offender Treatment		
	<input type="checkbox"/> On-Gong Healthcare Needs (examples - Diabetic, Heart Condition, Hepatitis)		
	<input type="checkbox"/> On-Going Provider Contact for Medications		
	<input type="checkbox"/> Other, Describe: _____		

If Yes, Name of Provider:					
Provider Type:					
Provider/Location of Treatment Address:					
		Street	Town	Zip Code	State
Contact Person:					
Phone Number:					
<b>Confirmation of Acceptance or Intent to Accept upon Release will need to be attached to Interview Form</b>					

Provider name :					
Provider Type:					
Provider/Location of Treatment Address:					
		Street	Town	Zip Code	State
Contact Person:					
Phone Number:					
<b>Confirmation of Acceptance or Intent to Accept upon Release will need to be attached to Interview Form Attach separate paper for additional Providers</b>					

Review the Authorization for Release of Protected Health Information Form (Attachment 7) which should be included with the AT HOME CONFINEMENT (AHC) INTERVIEW FORM

SIGNATURE	DATE
COUNSELOR/CASE MANAGER SIGNATURE	DATE

Additional forms and information attached to this document:

- Updated Reentry Plan
- ORAS Assessment
- Program Completion list
- Education Transcript (if engaged in educational services)
- Family Connections Center program synopsis (If engaged in FCC Services)
- Disciplinary History
- Job Assignments while under Custody
- Application for Administrative Home Confinement (attachment 1)
- Administrative Home Confinement Routing Sheet (attachment 3) Will be cover sheet to packet.
- Electronic Monitoring Home Confinement Agreement (Attachment 4)
- Employee Notice of intent to Hire (attachment 5)
- Authorization for Release of Protected Health Information (attachment 7).

COUNSELOR/CASE MANAGER COMMENTS:




STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE HOME CONFINEMENT ROUTING SHEET

Resident: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Housing: \_\_\_\_\_ County of Proposed Residence: \_\_\_\_\_

MINIMUM PAROLE DATE: \_\_\_\_\_

\_\_\_\_\_  
 CC/CM Signature Date

ADDRESSEE	TIME FRAME	DATE IN	DATE OUT	INITIALS	REQUIREMENTS/ RECOMMENDATIONS
CC/CM	7 DAYS				MEETS REQUIREMENTS YES/NO
<b>Victim Notification Required?</b> Yes No If yes, enter the date of notification in the comments and to whom.					
Comments Attach Victim Feedback to AHC Application, If feedback unavailable, victim services will send to Director/Warden.) :					
CLIENT RECORDS	2 DAYS				
CLASSIFICATIONS	2 DAYS				MEETS REQUIREMENTS YES/NO
Comments:					
BEHAVIORAL HEALTH	5 DAYS				MEETS REQUIREMENTS YES/NO
Comments:					
WARDEN/DIRECTOR	7 DAYS				RECOMMEND YES/NO
Comments:					
FIELD SERVICE CENTRAL OFFICE	1 DAY				
FIELD SERVICE DISTRICT OFFICE INVESTIGATION	15 DAYS				
DIRECTOR OF FIELD SERVICES	2 DAYS				RECOMMEND YES/NO
Comments:					
COMMISSIONER	30 DAYS				APPROVED YES/NO
Comments:					
CLIENT RECORDS	VARIABLE				
Comments:					
<b>JUDGES LETTER SENT (IF APPLICABLE):</b>					
<b>JUDGES LETTER CLEARANCE DATE:</b>					
<b>APPROVED FOR RELEASE ON:</b>					



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

**ELECTRONIC MONITORING PROGRAM AGREEMENT**

I, \_\_\_\_\_, agree to participate in the Electronic Monitoring Program and agree to comply with the terms and conditions as specified below:

1. I am to reside at \_\_\_\_\_  
Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_, at all times except: \_\_\_\_\_
  - a. Travel directly to and from my place of employment between the hours of \_\_\_\_\_ to \_\_\_\_\_.
  - b. Other authorized activities that are approved by the Parole Board or Probation/Parole Officer.
  - c. I will not leave my residence at any other time except in case of an emergency or when authorized in advance by my Probation/Parole Officer. If I have to leave my residence for a bonafide emergency, I will first attempt to obtain permission from my Probation/Parole Officer and if unable to do so, will report the emergency to my Probation/Parole Officer as soon as possible and immediately call the New Hampshire State Prison at 271-1804. I understand that I may be required to furnish documentation to my Probation/Parole Officer for any emergency departure from my schedule.
  - d. I will maintain a checking account for disbursement of funds and explain and prove all financial transactions to the satisfaction of my Probation/Parole Officer if requested to do so.
2. The duration of my participation in the Electronic Monitoring Program shall be until paroled unless revoked.
3. I understand that my house arrest restrictions will be monitored through the use of electronic technology. I agree to wear a tamper-proof, non-removable device 24 hours a day for the entire duration of my participation. I understand and agree to maintain telephone service that is free of optional services (i.e. No call waiting, internet, answering machine, etc.) in my place of residence and further understand that verification of my status may be also accomplished by unannounced visits to my residence by my Probation/Parole Officer.
4. I agree and consent to permit authorized persons in my place of residence for the purposes of inspection and maintenance of the monitoring device.
5. I understand that the purpose of the Electronic Monitoring Program is to assist my Probation/Parole Officer in verifying my compliance with AHC.
6. I understand that I am to immediately report any equipment problems or malfunctioning to my Probation/Parole Officer and understand that I am responsible for any damage to the equipment.
7. I understand that my status may be revoked should I damage or otherwise tamper with the equipment.
8. I agree to return all equipment to the Department of Corrections in satisfactory working condition upon my completion of the Electronic Monitoring Program and should I fail to do so, may be prosecuted for theft, criminal mischief and/or probation/parole revocation should the equipment be in a damaged condition.

9. I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions, or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
10. I agree to return to a New Hampshire Department of Corrections facility when so ordered by corrections authorities for any reason, or for no reason at all, and waive any rights to extradition or due process associated in any way therein.
11. I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
12. I agree to pay the sum of \$ \_\_\_\_\_ per week commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ directly to the monitoring company and understand that failure to do so may result in my removal from the program and return to custody.
13. I have read the above (or had the above read to me) and agree to comply with all conditions thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person to be Monitored

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Corrections Employee Witness



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
NOTICE OF INTENT TO HIRE

Applicant Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_

Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Start Date (if known) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

As of this date, the above-named person is being offered a job with the above-named company. This information may now be included in the at home confinement/pre-release plan. NH Department of Corrections will call to verify that you do have a plan for hire. Will accept notarized document as a form of verification.

\_\_\_\_\_  
Company Hiring Authority                      Sign/Print                      Date

Notary Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

SEAL:  
This Notice of Intent to Hire does not guarantee a job. Circumstances which affect either the company or the applicant may warrant a change in this agreement. The applicant will only be hired when he/she is physically able to start actual work.

Case Manager initial employment phone verification: Please contact potential employer to verify that individual does plan to hire the individual upon release:

Date of Contact:                      Employer intent to Hire: Yes / NO



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

Bureau of Client Records  
P.O. BOX 14  
CONCORD, NH 03302-1806  
603-271-1825 FAX: 603-271-1867  
TDD Access: 1-800-735-2964

Helen E. Hanks  
Commissioner

Christopher Kench  
Director

Date

NAME OF COURT  
ADDRESS  
ADDRESS

RE: ADMINSTRATIVE HOME CONFINEMENT  
DOCKET#

RESIDENT:  
RESIDENT#

Dear Clerk of Court,

This synopsis packet is presented for the court's review, where the Commissioner of Corrections, has recommended this individual for release under Administrative Home Confinement. This packet is an accurate report of information presently contained in the referenced Client's record pertaining to his/her current incarceration. The following documents are provided and were used for consideration of this AHC approval:

- Application for AHC Summary Report
- At-Home Confinement (AHC) Interview Form
- Re-entry Case Plan
- Victim Statement, if applicable and/or offered
- Release of Information to Disclose HIPAA/42 CFR Substance Use Info, if applicable, for Judicial Consideration

Under the provisions of RSA 651:25, we are required to determine whether the Court has any objections to this supervised program for this resident. If the Court has no objection before DATE (20 days from letter sent), and satisfactory performance and behavior continues, we will continue to process this request.

Sincerely,

Staff Name  
Client Records

Sentencing Court Order	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied; Premature, will be reconsidered after _____ (date)
	_____ Judge's signature
	_____ Date

cc: Applicant, County Attorney, AHC Packet, File



## Authorization for Release of Protected Health Information New Hampshire Department of Corrections



Resident Name:

Resident Number:

Date of Birth:

*As a condition of consideration for privileges which may be granted throughout your sentence to include Parole or other lawfully allowed release, consent must be given for the minimal release of protected health information (PHI), as well as substance abuse records and other personal records deemed necessary to inform parties involved in the decision-making process for the granting of such possible privileges.*

I \_\_\_\_\_ hereby/authorize the New Hampshire Department of Corrections (NHDOC) which may include, Behavioral Health, Medical and Forensic Services, Case Managers, Field Services, or any other necessary department entity, the New Hampshire Adult Parole Board (NHAPB), and/or any other designated entity deemed necessary by the criminal justice and judiciary system, the ability to receive and review information regarding my medical history, mental health records, drug treatment, substance abuse or other such information which is minimally required to perform necessary duties including determining eligibility for Parole, At Home Confinement or similar services by agency officials.

I understand and agree to disclose information/records relating to my diagnosis, urinalysis results, attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, progress or such other information that is minimally required to satisfy agency needs.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts. 160 & 164; and my medical and behavioral health records are protected under HIPAA and by signing this authorization the persons listed above may obtain such records.

I specifically authorize the release of my Substance Abuse (Alcohol/Drug) information from my health record.

\_\_\_\_\_ - Place your Initials here to agree to release

I understand that this authorization is voluntary and that I may withdraw my consent, in writing, at any time, except to the extent that it has already been acted upon. My consent, if not withdrawn, will continue throughout my term of supervision which ends on \_\_\_\_\_ regardless of my placement and including any time spent on probation parole or prison supervision. I further understand that I might be denied or have certain services or privileges revoked including the privilege of parole if I refuse to consent or withdraw consent to the release of information.

**Notice to Individual Requesting the Disclosure.** *Your signature below indicates that you understand that if the organization authorized to receive the information is not a health care provider or health plan, and the information disclosed is NOT protected by Title 42 CFR Part 2 and, then the released information may no longer be protected by the HIPAA Federal Privacy Regulation. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.*

Client/Patient Name (print)

Signature of Client/ Patient or Legal Representative\*

Date

Printed Name of legal representative and Relationship to patient

\*A copy of the personal representative's legal authority to act on behalf of the patient is attached.

### **REQUEST TO WITHDRAW AUTHORIZATION (except to the extent that the release has already been acted on)**

I withdraw my consent to disclose or obtain health information authorized above. By withdrawing my consent I understand that any privilege of parole or other lawfully allowed release may be subsequently denied or revoked. I also understand that by withdrawing authorization DOC or NHAPB will not continue to seek medical information not already obtained. Additionally, I understand the withdrawal of consent is only effective when the covered entity (third party) receives the withdrawal.

Client/Patient Name (print)

Signature of Client/ Patient or Legal Representative

Date

Witness Signature

Date

Guardian Signature  
(if required)

Date

**PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION:** To the extent this release authorized the disclosure of information related to a substance use disorder, 42 CFR part 2 prohibits unauthorized disclosure of these records. This release and notice shall accompany any disclosed record.

This form shall be kept for 6 years after it was last in effect.

# NEW HAMPSHIRE DOC ENROLLMENT FORM



EMAIL COMPLETED FORM TO  
jmarkland@sentineladvantage.com

John Markland, Program Administrator  
P | 603-219-2627  
W | WWW.SENTINELADVANTAGE.COM

Probation

Parole

AHC

## ACTION REQUESTED

Patrol RF Landline Enrollment

Patrol RF Cellular Enrollment

Alcohol Enrollment

Passive GPS Enrollment

Hybrid GPS Enrollment

Active GPS Enrollment

Schedule Change

Address/Phone Change

End of Service

## PARTICIPANT INFORMATION

Officer:		District:					
Monitoring Start Date: / /		Monitoring End Date: / /					
Last Name:		First Name:			Middle Name:		
Case #:		DOB: / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F		SS: - -	
Home Address:			Apt #		City:		Zip Code
***Equipment Phone # ( ) -				Cell Phone # ( ) -			
Secondary Contact Name #:			Relationship:			Phone Number:	

## PARTICIPANT SCHEDULE

Choose One: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Must include dates)							
	MON	TUES	WED	THUR	FRI	SAT	SUN
DATES:							
Out:							
In:							
Out:							
In:							

## SPECIAL INSTRUCTIONS

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\*\*\*FOR SENTINEL USE ONLY\*\*\*

PHMU#	PTX#	BR#	GPS Device:
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Christopher Sununu  
Governor

# State of New Hampshire

## Adult Parole Board

### NH State Prison

P.O. BOX 14  
CONCORD, NH 03302-0014  
603-271-2569 FAX: 603-271-6179  
TDD Access: 1-800-735-2964

Jennifer Sargent  
Chairman

Ashlyn St. Germain  
Executive Assistant

### At Home Confinement (AHC) Progress Report

Date:	
Client Full Name:	CORIS ID# :
Note Type: AHC Progress Report	Note Date:
NH Department of Corrections: Division of Field Services Probation Parole Officer:	
Date Released to AHC:	Current Parole Eligibility Date:
	Current Max Custody Release Date:
Address: (Please include all occupants of residence & relationship to resident, how long they have lived there, etc)	
Employment: (Please include how long they have been employed, type of skill(s), pay rate, etc)	
Treatment: (Please include type of treatment, who the provider is, how often they meet, any medications, etc)	
Summary of Client Conduct:	
Parole Condition Recommendations: (Please include any additional parole conditions requested)	