

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532



Gunnison County Detention Center Work Release/School Release Packet

This packet must be filled out (By the named individual) and turned in to Gunnison County Detention Center, 510 West Bidwell Avenue, Gunnison, Co. 81230, 7-10 days before your sentence starts. If you have a past due account with the jail it must be paid off before you can be granted work release by the jail. The courts can authorize Work Release but it is up to the jail to grant Work Release.

The mission of the Gunnison County Sheriff's Office Work Release program is to provide non-violent, sentenced inmates the opportunity to continue their livelihood, education or therapy while serving their sentence. People participating in the work release program are able to maintain their employment and pay restitution for their crimes and to continue supporting their families.

Please take the time to carefully read, fully complete, and sign all forms. This packet contains helpful information on the rules and regulations you must abide by while on work or school release. For any questions regarding the information in this packet, please contact:

**Deputy Reilly (Work Release Coordinator)
Monday–Friday, 8am-4pm
Phone Number: 970-641-1108**

(If you are unable to reach Deputy Reilly, ask for an on-duty Sergeant)

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532

GUNNISON COUNTY DETENTION CENTER WORK/SCHOOL RELEASE POLICIES

Remember work release is a privilege not a right. Persons who have been granted work or school release, must also meet the following criteria of the detention center to be eligible to participate in the work or school release program

The court can authorize Work Release, but you must qualify for the sheriff's program.

- You must bring with you when you arrive for your sentence the initial cost for the first week of your work release
- Do not bring extra clothes, large bags or purses, personal hygiene items (they will be provided for you by the Detention center) or any contraband.
- Sentence must be 10 or more days (in the Jail), to qualify for good time and or statutory time a sentence must be more than 15 days.
- Your behavior at the detention center and with the detention staff must be acceptable.
- No active warrants/ no past jail dues (all dues need to be paid in full).
- Must pass a urinalysis and breath test upon intake. A failed UA or PBT will be reported to the courts and you will be removed from the program.
- If you are taking any medications (no opioids) **Your medication must be ordered through PDC Pharmacy Fax: 303-530-1151 Toll-Free Fax: 877-530-1151 Your prescription Must be sent to 510 W. Bidwell Ave Gunnison Co 81230. Your prescription must be sent electronically by your Doctor to PDC of Boulder Colorado. M-F 8am-6:30 pm EST No outside medications will be allowed in the jail. Fill out the form at the end and have your DR. Send it in.**
- **The court will be notified if you do not show up for any of your weekends a failed a PBT or a UA.**
- Get the courts to amend your mitt if needed.
- Work/school locations must be in Gunnison County
- Work/school locations must be where you can be reached by vehicle and phone. You need to call from a land line when you arrive at work We understand that cell service is not always available, so be responsible and do your best to inform us if you will be out of service
- Types of jobs not allowed- working at a bar, working at a liquor store, working at any Marijuana related business, working from home, Babysitting, door to door sales, adult entertainment or day care/child care providers.
- Type of sentences that are not eligible for work release. No Domestic violence charges, no violent offenders, pursuant to Colorado Revised Statute Section 18-1.3-406 (2)(a)(I) **"Crime of violence" means any of the crimes specified in subparagraph (II) of this paragraph (a) committed, conspired to be committed, or attempted to be committed by a person during which, or in the immediate flight therefrom, the person:(A) Used, or possessed and threatened the use of, a deadly weapon; or(B) Caused serious bodily injury or death to any other.** A crime against an at-risk adult or at risk juvenile, murder, first or second-degree assault, kidnapping, sex offenders, aggravated robbery, first degree arson, first degree burglary, Escape, criminal extortion, first or second-degree unlawful termination of a pregnancy.
- No predator charges, fourth or more Driving under the Influence charges. No out of county Sentences, No more than two Failure to appear warrants.
- Persons that meet the above criteria must provide the following information **BEFORE** checking into the detention center for their sentence. Completed work/school release packet to be returned to the jail 510 W. Bidwell Ave Gunnison Colorado 81230. (7-10 days before your sentence)
- Proof of employment or enrollment (Self-employed, business Id number, Ein number, State registration or tax info. (Business must be verifiable). **These requirements are mandatory**, if they are not met, you will not be allowed out for work/school. Work release may also be denied if you are working out of the county, lack of employer supervision, or listed direct supervisor. Inability of staff to verify job attendance or a history of noncompliance, or a sentence of less than 10 days.
- **Print Name:** _____ **Signature:** _____

Revised October 2023

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

CHECK IN PROCEDURES/RULES

- _____ ▪ Must be a citizen or legal resident alien with appropriate decimation.
- _____ ▪ All costs are non-refundable if you are dropped from the program for any reason.
- _____ ▪ You will be required to take and pass a urinalysis and breath test at the time of your booking. The cost of the urinalysis is \$20, the cost of the breath test is \$5, \$30 booking fee, \$30 a day for housing. These fees are due at the time of book in. (initial cost and \$210 Every Friday)
- _____ ▪ Any abnormal reading (temperature, the presence of bleach, pH, etc.) or a positive reaction for illicit substances will be considered a failed test.
- _____ ▪ You have the option of requesting an evaluation by an independent lab for a second test at your own expense. You will not be allowed out to work or school until the results of the test are available. This takes approximately 1-2 weeks. The fee to have the lab test performed is \$25, and must be paid before the specimen is sent out.
- _____ ▪ Medical Marijuana users must get their incoming dates moved out 40 – 50 days. You must stop using and be able to pass your incoming UA or you will not be accepted into the Work Release program.
- _____ ▪ You will only be allowed out of the building 10 hours a day. This includes your travel time to and from. If you are late because of traffic conditions that is no excuse.
- _____ ▪ You are not allowed to go home for any reason.
- _____ ▪ A sack lunch will be provided for you. You must request it. You may not go to a restaurant for lunch. You can have lunch brought to the job site.

Initial all lines above

Applicant Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

A failed urinalysis or breath test will result in work/school release privileges being immediately revoked

The court will also be notified of your revocation.

Gunnison County Detention Center

Work Release/School Release Rules and Regulations:

You must read everything, please sign and initial

We will not be waking you up for work, waking up is your responsibility!

- _____ ▪You are not permitted to hitch hike.
- _____ ▪You are not allowed to use alcohol, marijuana (Medical or recreational) or any illicit substance.
- _____ ▪Expect periodic, random checks by phone or a physical check of your location. Be where you are supposed to be. Detention staff will follow through on your reported location. If you are not at your reported location your Work Release will be pulled. (No exceptions !!!)
- _____ ▪Periodic checks will also be performed to verify you are using the vehicle you have registered in your work release packet.
- _____ ▪You will submit to a breath test or urinalysis at the request of any law enforcement official.
- _____ ▪You will be required to take and pay for random urinalysis and/or a breath test at the discretion of detention center staff.
- _____ ▪You will be expected to pay for your work release privilege.
- _____ ▪You are required to pay your housing fees every Friday. (\$210) for the following week
- _____ ▪Any schedule changes, school related field trips, or classroom location changes must be submitted to detention center staff in advance for approval.
- _____ ▪You must report any law enforcement contact that occurs while out of the detention center.
- _____ ▪*****Work/school release hours are not to exceed 60 hours per week, 10 hours a day, and 6 days a week. You will not get dinner if you return after 5:30pm, So feed yourself. Not to be over 10 hours out. Make sure that your travel times work for this. You must be in the jail at least 1 day out of 7 days of your sentence.**
- _____ ▪You are allowed one set of clean clothes at a time. You may have someone pick up and deliver work clothing for you. The detention center will not wash your personal clothing.
- _____ ▪Any items necessary for work such as box cutters must be disclosed to detention staff upon return to the facility. Introduction of any item (not disclosed to staff) that is considered contraband may result in felony charges. CRS 18-8-204/18-8-203
- _____ ▪You must provide a locker pad lock for your locker, one extra key or a copy of the combination to the lock to given to the Detention staff.
- _____ ▪You cannot store any tobacco products, tools, weapons or any contraband (cell phones may be kept in your locker) in your locker

Please initial all lines above.

Please sign below that you have read and understand the above rules and regulations

Applicant Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

Gunnison County Detention Center
Work Release/School Release

Release of Claims

The undersigned hereby releases and forever discharges the Gunnison County Sheriff's office and its employees from any and all claims, actions causes of actions damages, losses, expenses and compensation whatsoever which their undersigned now has or which may hereafter accrue on account of the use, driving, parking, maintaining, and storage of a motor vehicle including its contents, which is operated by me or any other person in connection with my participation in the Gunnison County Sheriff's Work Release Program

Signature of Applicant: _____ **Date:** _____

Detention Deputy's Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532

Gunnison County Detention Center
Work Release/School Release Locker Room Rules:

All applicants accepted into the Work Release Program must understand that this program is a privilege and not a right. You can be removed from this program at any time for violating any of the rules of this program.

1. No electronics other than your cell phone may be brought in.
2. No food or drinks may be brought in.
3. No Tobacco products of any kind may be brought in, no vape pens, matches or lighters
4. No “tools of the trade” including knives, box cutters, screwdrivers, scissors etc.
5. No large purses or, bags
6. No nail files, nail clippers, lotions, makeup, nail polish, hair products or any hygiene products can be brought into the facility
7. Any introduction of any contraband into the facility/ locker room will result in Felony charges pursuant to CRS 18-8-204/ 18-8-203

By signing this document, you are agreeing that you fully understand each rule. You also understand any violation you commit can result in a verbal warning, sanction, possible removal from the program or criminal charges.

Refusal to sign this document will be grounds to disqualify you from entering the program.

Applicant Signature: _____ **Date:** _____

Work Release Coordinator Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

Gunnison County Detention Center
Work Release/School Release

Treatment, Medical, or Court Appointments

Type of Appointment: _____

Date: _____ Time: _____ AM PM

Location of Appointment: _____

Contact Person: _____ Telephone # _____

Is this a scheduled weekly appointment? YES NO

All information is confidential and will be used for Gunnison County Detention Center use only.

I hereby certify that the above information is true to the best of my knowledge

Applicant Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

Work Release/School Application

Name: _____ DOB: _____

Sentencing Date: _____ #Days Sentence: _____ Today's Date _____ Incoming Date: _____

CHARGE: _____ ARRESTING AGENCY: _____ COUNTY: _____

PHYSICAL ADDRESS: (Home) _____ CITY: _____ STATE: _____

ZIP: _____

LAND LINE PHONE #:(_____) _____ CELL PHONE #:(_____) _____

*******You Must Answer Your Phone if Called*******

REVIEW FOR: WORK RELEASE []

INITIAL FUNDS REQUIRED FOR WORK RELEASE are \$30 Booking +\$30 Housing a night to the first Friday, +\$20 UA +\$5 PBT. YOU MUST HAVE REQUIRED FUNDS AT TIME of booking. You must pay \$210 every Friday for your housing for the following week, regardless of you start date.

EMPLOYER: _____ PHONE #:(_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____ SUPERVISOR: _____

RATE OF PAY \$ _____ PER HOUR ANNUAL SALARY \$ _____

SELF EMPLOYMENT TAX ID # _____

Direct Supervisors:

1 _____ phone#

2 _____ phone#

3 _____ phone#

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

SCHOOL

SCHOOL: _____ CONTACT PHONE #:(_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TRANSPORTATION USED: Personal vehicle [] Bus [] Bicycle [] Motorcycle [] Walk [] Other []

Make: _____ Model: _____ Year: _____ Color: _____

DRIVER'S LICENSE # _____ AUTO INSURANCE COMPANY: _____

PLATE #: _____ DRIVERS NAME: _____ RELATIONSHIP: _____

MEDICAL CONDITIONS: Yes [] No [] PRESCRIPTION DRUGS: _____

Have they been ordered from Pdc by your Doctor : Yes [] No []

COMMENTS: _____

*****ASP Detention Deputy Fill out Below*****

EMPLOYMENT / SCHOOL VERIFIED BY: _____ STAR # _____

PERSON CONTACTED: _____ TITLE: _____

DATE: _____ TIME: _____

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532

Applicant Name: _____

Date: _____

Month of Work:

	Week 1	Week 2	Week 3	Week 4
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Approved Changes				

Must be filled out by your employer

You may go to work on your sentence day in if your schedule states that. If you are arriving in the morning you could be late if we are too busy to get you out on time.

The scheduled times are when you leave the facility and return to the facility, not the total hours at work.

Name of Business/Employer: _____ Print name _____

Address: _____

Contact Name: _____ Contact Number(s): _____

Job Site Address (If different from business address): _____

Additional Information: _____

Is this Schedule correct? YES NO

You must be with your Employer or supervisor at All Times if you are not self employed.

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

Transportation List

List all forms of transportation used to travel to and from work and any drivers:

Vehicle 1: Make/Model/Color: _____ Plate #: _____

Vehicle 2: Make/Model/Color: _____ Plate #: _____

List Person(s) picking up/dropping off:

Name: _____ Contact #: _____ DL #: _____

Name: _____ Contact #: _____ DL #: _____

Sign below that you have completed the above information

Applicant Signature: _____

Date: _____

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532

The signing of this agreement releases the Board of County Commissioners of Gunnison County, the Gunnison County Sheriff's Office, Gunnison County Detention Center, their agents and employees of each from any liability incurred while on work or school release, along with any property stored outside the Detention Center while incarcerated.

FAILURE TO COMPLY WITH ANY OF THE WORK/SCHOOL RELEASE RULES AND REGULATIONS WILL CAUSE IMMEDIATE REMOVAL FROM THE WORK/SCHOOL RELEASE PROGRAM IN ACCORDANCE WITH COLORADO REVISED STATUTES 17-26-128. THE ABOVE-NAMED EMPLOYER OR TEACHER AGREES TO IMMEDIATELY REPORT THE ABOVE-NAMED INDIVIDUAL SHOULD HE/SHE FAIL TO REPORT TO WORK/SCHOOL BY CONTACTING THE DETENTION CENTER AT (970)641-1108. **Failure to fully complete and sign this form will result in denial of release program.**

Employer/Supervisor Signature: _____ **Date:** _____

Direct supervisor: _____ **Date:** _____

Direct supervisor: _____ **Date:** _____

Direct supervisor: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Detention Deputy Signature: _____ **Date:** _____

I ACKNOWLEDGE RECEIPT OF THESE RULES AND REGULATIONS

By signing you, the applicant, are acknowledging that you understand the rules and regulations of the Work/School Release Program. Remember, you can't use the excuse that you didn't not know or understand the rules associated with this program.

Signature: _____ **Date:** _____

Sheriff's Office

Gunnison County Detention Facility
Alternative Sentencing Programs
510 Bidwell Ave, Gunnison, CO 81230
(p): 970-641-1108 (f): 970-641-8532

PDC PHARMACY COLORADO INFORMATION NEEDED FOR NEW INDIVIDUAL

Individual Specific Information

Agency: _____

Full Name of Resident: _____

Address of the Individual: _____

Phone Number: _____

Sex: Male ___ Female ___ Date-of-Birth: _____

Social Security Number: _____

Primary Care Physician Information:

First and Last Name: _____

Address: _____

Phone: _____ Fax: _____

Diagnosis: _____

Allergy Information: _____

Diet Information: _____

Agency is Representative Payee (Guarantor): Yes ___ No ___

If no, please provide the Name, Address, and Phone Number of the responsible person:

First and Last Name: _____

Address: _____

Phone: _____

Does the resident attend a day program? Yes ___ No ___

If yes, please select the days of the week attended and enter the times of attendance:

Monday (_ - _) Tuesday (_ - _) Wednesday (_ - _) Thursday (_ - _) Friday (_ - _)

Please note any religious beliefs or cultural background that impact the patient's lifestyle and/or view of healthcare that will need to be considered by PDC Pharmacy when providing care

Please attach Copies of all Insurance Cards (Include Medicare Card if applicable)

Please include a copy of the current MAR for the individual.

Per the State of Colorado, Board of Pharmacy Rule 23.00.60, PDC Pharmacy is required to provide notice that we report mandatory prescription information to the Prescription Drug Monitoring Program (PDMP) for patients receiving controlled substances. This prescription information may be queried by specific individuals for a limited number of purposes authorized by statute. Rev. 7.11.18

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

PDC PHARMACY COLORADO INC.

PATIENT AUTHORIZATION AND PLAN OF SERVICE

Patient Name: _____ **ID** _____

Insurance payment authorization: I request that Medicare and/or any other insurance plan that I have to make payments of authorized benefits on my behalf directly to PDC Pharmacy for pharmaceuticals that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

Release of insurance information: I request my medical insurance plan(s) to release to the above named pharmacy, any and all information which will assist in processing my claims for pharmaceuticals that I am receiving from the above named pharmacy even after service to me is discontinued. I also authorized any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company or the above named pharmacy any information needed to determine the benefits that are payable for related services.

I understand if my insurance plan(s) makes payment(s) to me for pharmaceuticals that I have received, rather than directly to the above named pharmacy, I agree to endorse those checks and send them immediately to the above named pharmacy.

I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for a partial or complete waiver of any unpaid co-insurance charges only, under PDC Pharmacy financial hardship program.

(Initials) I acknowledge that I have been advised of my financial obligations to PDC Pharmacy including copays, deductibles and any anticipated denials for products furnished by PDC Pharmacy

I hereby agree that PDC Pharmacy or any of its affiliates may contact me, or my authorized caregiver, by telephone at my place of residence.

I have reviewed and understand the information above. I have been instructed on and understand the use of the products provided. I have received the products ordered.

I have received a copy of a patient handout that contains, patient rights and responsibilities, privacy standards, emergency planning, making decisions about your health care, grievance/complaint information and drug information. I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the pharmacy's scope of services. I have received instructions on how to follow up with PDC Pharmacy

I understand that prescribed pharmaceuticals cannot be re-dispensed. Therefore, these items cannot be returned for credit.

I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service.

Identified needs/problems: The patient may be unfamiliar with use of the pharmaceuticals provided. Expected outcomes: The patient will be provided the pharmaceuticals to comply with the physician's prescription. The patient will use the pharmaceuticals as prescribed by the physician. The patient will know how to obtain follow-up services as needed.

PATIENT OR RESPONSIBLE PARTY SIGNATURE: X _____ **DATE:** ___/___/___

PATIENT OR RESPONSIBLE PARTY

PRINT NAME:

IF BENEFICIARY IS UNABLE TO SIGN:

WITNESS SIGNATURE / RELATIONSHIP:

REASON PATIENT UNABLE TO SIGN:

Please return the Patient Authorization and Plan of Service Form to PDC Pharmacy.

Fax: 303-530-1151 **Toll-Free Fax:** 877-530-1151

Thank you for choosing PDC Pharmacy.

Sheriff's Office

Gunnison County Detention Facility

Alternative Sentencing Programs

510 Bidwell Ave, Gunnison, CO 81230

(p): 970-641-1108 (f): 970-641-8532

Comments, Questions, concerns: