



Nexus

Definition of Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an incarcerated person who:

- Is currently Incarcerated under the supervision of the Department or Rehabilitation and Correction
- Is currently on parole under the supervision or the Department or Rehabilitation and Correction
- Was recently released from a DRC facility (within the last 5 years)
- Was recently released from parole under DRC Supervision (within the last 5 years)

A Nexus would include but not be limited to the following examples:

- If you have been on an offender's visit list
- If you have ever placed money on an incarcerated person's/supervisee's books
- If you have ever communicated with an incarcerated person/supervisee on electronic messaging.
- If you have ever made phone calls to or received phone calls from an incarcerated person/supervisee.

I understand if my relationship status changes or I transfer to a different work location, I am immediately required to complete a new nexus form and submit it to my Managing Officer/APA Regional Administrator for approval.

Name _____ OAKS Number: _____ Employee Type: _____

Job Title _____ Your Current Work Location: _____

I NO NEXUS

COMPLETE ONLY ONE SECTION BELOW (I, II OR III)

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any incarcerated person/supervisee currently under the supervision of the Ohio Department of Rehabilitation and Correction or any other criminal justice agency. I understand that should I become aware of such a relationship I am required to notify my Managing Officer/APA Regional Administrator the next business day.

II NEXUS - REQUESTING NO CONTACT

(Select one of the 2 options below and explain below)

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Incarcerated Person/Supervisee Name: _____

Incarcerated Person/Supervisee Number: _____

I do not anticipate professional conflict if the individual remains in the same prison/APA region.

I anticipate a professional conflict if the individual remains in the same prison/APA region

Please Note: In some cases, incarcerated individuals with certain medical, mental health, classification, security, supervision or other needs will require the incarcerated individual to be kept in a certain prison/region. In situations where incarcerated individuals cannot be moved for these reasons, requests to not work in the same facility/region with the incarcerated individual cannot be accommodated.

Please explain your relationship with this individual:

III NEXUS - REQUESTING CONTACT

I have a nexus with the individual listed below who is currently incarcerated in the ODRC facility, or is under the supervision of the APA or another criminal justice agency, and I wish to maintain contact with them.

Incarcerated Person/Supervisee Name: _____

Incarcerated Person/Supervisee Number: _____

Please describe your relationship and the purpose and extent of the contact:

Staff		
Print Name:	Signature:	Date:

Managing Officer Action:

Transfer Approve Professional Contact Only - No Transfer Approve Contact Disapprove Contact

Print Name:	Signature:	Date:
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Volunteer/Contractor/Intern Emergency Information

Name:		Last 4 digits of Drivers License #:	
Current Residence:		City:	
State:	Zip:	Birth Date:	E-mail Address:
Home Phone (Including Area Code):		Cell Phone (Including Area Code):	

* In the event of an emergency where driving directions are needed to your home, the address listed above will be used to run "driving directions" using a mapping service through the internet.

List 3 Persons To Notify In The Event Of An Emergency:

1. Print Name:	Relationship:		
Primary Contact Number:		Alternate Number:	
Address:		City:	State:
		Zip:	

2. Print Name:	Relationship:		
Phone Number: ()		Address:	
City:		State:	Zip:

3. Print Name:	Relationship:		
Phone Number: ()		Address:	
City:		State:	Zip:

Do You Wear a Medical Tag:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:		
Name of Family Doctor:			Doctor's Phone Number: ()	

Model of Car 1:	Plate #:	
Model of Car 2:		Plate #

If any information on this form changes, a new form must be completed and returned to the Volunteer Coordinator.

Signature:	Date:
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