



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY DEPARTMENT OF CORRECTIONS

ASSESSMENT QUESTIONNAIRE



The Napa County Department of Corrections (NCDC) is committed to balancing the need for safety and security within the community and ensuring that inmates receive the services that they need to become more productive citizens.

You have been referred to NCDC as a person needing to complete a period of incarceration or community service.

Attached is a questionnaire. It is extremely important that you are accurate, thorough and complete when completing the forms. Any misstatements, omissions or incomplete statements could cause delay or exclusion from our programs.

You have been given a date to return this document to NCDC. You must turn it in on time. If you are late you will be subject to delays or exclusion from our programs.

Please provide copies of the requested documents when returning this form.

Date Issued: _____

Date Due: _____ By 5:00 p.m.

1 week from issuance date (una semana)

Es estrictamente necesario devolver el cuestionario en la fecha indicada.

Si lo recibimos después de esta fecha puede causar la pérdida de los derechos a nuestros programas.

Si el cuestionario no es devuelto a tiempo tendrá que servir su sentencia en la cárcel.

Estar Seguro que contestas todo. Falta de información puede causar la pérdida de los derechos a programas alternativos.

Por favor haga copias de documentos requeridos cuando presente este formulario.

Napa County Department of Corrections
1125 Third St.
Napa, CA 94559
Fax: 707-253-4677
Attention: Classification

WORK FURLOUGH APPLICANTS ONLY

Employer Information

This information **MUST** be filled out by your employer.
Your employer **MUST** know about your involvement in the Work Furlough Program

Wages: _____ Length of Employment: _____

Worker comp Carrier: _____ Workers Comp Policy#: _____

Legal documentation to work? (describe)

Transportation Plan (if sentenced to over 30 days)/Plan de transportacion (Mas de 30 dias)

If you have access to and drive a vehicle

Do you have a vehicle?/Tienes vehiculo? Y N If no, go to ride information.

License Plate# _____ Copy of current registration/Registracion del auto

Copy of Proof of Insurance/Seguro

If you DO NOT have access to or drive a vehicle/Si no manejes

Ride provider/Quien le dara transportacion: _____ CDL# of driver/#Lic. De manejar _____

Vehicle License Plate/#Placa: _____ Copy of Vehicle registration/Registracion del auto

Copy of Proof of insurance/Seguro

MEDICAL INFORMATION

Do you have any medical issues? Yes No

If yes, explain below:

Do you take prescription medications? Please list below/Necesita tomar medicina? De una lista de ellos.:

NOTE: MEDICAL MARIJUANA AND CERTAIN CONTROLLED SUBSTANCES ARE NOT ALLOWED ON THE ALTERNATIVE SENTENCING PROGRAMS. If accepted, you will have to find an alternative.

Do you have medical insurance?/Tienes seguro medico? Yes No

Carrier/Compania: _____ Policy#/#de poliza: _____

ALCOHOL AND DRUG USAGE

Deception regarding drug and alcohol usage will be a disqualifying factor
Si mientas puede revocar el derecho de participar en los programas

What is your drug of choice? _____

How often do you drink alcohol? Cada cuanto tiempo toma alcohol?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
How often do you smoke marijuana? Con que frecuencia usted fuma marijuana?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
How often do you use methamphetamine? Con que frecuencia usted usa methanfetamina?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
How often do you use cocaine? Con que frecuencia usted usa cocaine?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
How often do you use heroin? Con que frecuencia usted usa heroína?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>

COUNSELING NEEDS

What addiction programming are you currently receiving?/Estas en este momento en algun programa contra adiccion?

AA Alcohol Anonimos	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
NA Narcoticos Anonimos	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
Anger Management Manejo de la ira	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
Women's Recovery El programa de la recuperacion para mujeres	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
Other (Describe) Otra drogas					

MENTAL HEALTH COUNSELING

Mental Health Counseling will not preclude you from participation./Programa de salud mental

Are you attending any Mental Health Counseling? Salud mental?	Daily <input type="checkbox"/> Diario <input type="checkbox"/>	Weekly <input type="checkbox"/> Cada Semana <input type="checkbox"/>	Monthly <input type="checkbox"/> Cada Mes <input type="checkbox"/>	Occasionally <input type="checkbox"/> Alguna Ves <input type="checkbox"/>	Never <input type="checkbox"/> Nunca <input type="checkbox"/>
Where?/Adonde?					
