

Entity Name

Date

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Please include a copy of the most current State Inspection Report.

UNDERWRITING INFORMATION

Jail Administrator Name:	Length of Tenure:
Jail Administrator Highest Level of Education:	
Is the entity accredited by ACA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of suicides in the last 36 months:	
Number of suicide attempts in the last 36 months:	
Jail Medical Services contracted out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Medical Contracted, Contract in Place shifting Medical Malpractice Liability to Contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Jail Type	Linear <input type="checkbox"/> Podular - Remote <input type="checkbox"/> Podular - Direct <input type="checkbox"/>

PERSONNEL INFORMATION

Personnel Type	# Full-time	# Part-time
Jailers/Matrons/Detention Guards		

Jailer Turnover	Voluntary Terminations	Involuntary Terminations
Last 12 months		
Last 36 months		

Maximum State Certified Capacity	Daily Average	Average Length of Stay

POLICIES AND PROCEDURES

Policy	Do You Have Policy		Date of Last Revision	Frequency of Training
Use of Force	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Classification	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Use of Restraints	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Suicide Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Strip Searches	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

<i>APPLICANT'S SIGNATURE</i>	<i>DATE</i>
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