

Forms



Important (Some Little-Known) Forms Given Out and Made Available to Inmates in the Santa Cruz County Jail System

Overview

Upon admission, inmates in the Santa Cruz County jail system are given a variety of forms and orientation materials. Most of these are quite basic and generic – concerning jail safety, a few rules and regulations, and a brief overview of medical services, court, commissary, and visitation. Despite these handouts, many inmates and their families are unaware of the many available programs and services available to them. Knowing about these resources and services is important - for those inside and out.

Knowledge is power. Many men and women in jail feel powerless and alone - desperately trying to navigate a complicated quagmire of (some-unwritten) rules, codes, regulations and policies without an advocate or designated advisor.

There are many available forms and services available to inmates and their friends and families that are little known- and largely unadvertised. With the advent of tablet computers in each jail unit, inmates *should* have greater access to important jail forms (in theory). Each tablet contains digital versions of most forms. However, some inmates may not know how to use the tablets or access the forms on their own.

As the jail goes digital, many guards and jail officials are hesitant to provide and recommend paper forms, or are simply unaware of these “extra” inmate resources. In most cases, no one sits inmates down to explain the types of forms, tools, and services that are available inside of jail- things that could make their lives easier – and more bearable.

There are ways to make your loved one’s stay in jail smoother and less traumatic- you just have to know what to ask for. We’re hoping that including the same forms and services that are available to jail inmates, but not universally known, inside this packet will help you do that.

Access to this information will allow you to better understand life in jail, and to recommend relevant forms and services to your loved ones inside. Most forms are a click away on the unit tablet computer. Whether an inmate is experiencing a medical crisis, has a specific grievance or complaint, needs to add someone to their visitor list, or simply wants a library book to pass the time, there are potential resources available.

Included Forms (Available to Inmates in Jail) and Their Descriptions

Inmate Request Form (Green Slip): This is an inmate’s chief way of making a request or getting answers to questions that might arise while in custody. Accessible using an inmate tablet or in a paper version, inmates can fill out an Inmate Request Form to request a large variety of services. Services include

crisis intervention, addressing disabilities, access to educational, vocational and rehabilitation programs and many others. Inmates can use a Green Slip to ask for classification, accounts, booking and release information, to contact Inmate Services regarding commissary and mail, and to contact a Chaplain or Pre-trial services. This is an avenue for reporting misconduct. Inmates must include their name, S number, and housing unit, and send the Green Slip digitally or hand it to their Housing Officer. Inmates can inquire about programs like anger management, and AA or NA groups by submitting a Green Slip to the Programs Unit.

Inmate Visitor Request Form: To receive visitors at the jail, an inmate must fill out this Form. All visitors must register and produce a valid state, military, tribal or other government identification. The Visitation Request Form must include each potential visitor's name, address, date of birth, photo ID number, and the relationship to the inmate. When visitors check in, they must produce a valid state, military, travel, or other government ID with matching information.

Santa Cruz Commissary Order Form and Menu: It takes a little while for those new to jail to wrap their heads around things like commissary. The White Commissary "menu" and the red and white commissary "bubble sheet" are must-haves for inmates to place their first commissary orders. We included the menu and bubble sheet here so you can see the commissary options available inside of the jail.

Health Referral and Medical Request Form (Blue Slip): Inmates should have access to medical, emergency dental, and mental health care while in Jail. The Blue Slip is used to address a wide variety of medical issues including mental health concerns, medications, non-urgent medical issues, and community health resources. Medical visits are free of charge. Mental health requests are free. This form is the bridge to all medical treatments inside of the jail.

Inmate Grievance Form: A grievance is a formal, written complaint. The Inmate Grievance Form is to be used when the inmate has a question or complaint regarding custody or medical treatment, jail policies and procedures, or other related matter. Jail grievance procedures provide inmates with a method for seeking resolution to a specific complaint or concern about their conditions or treatment in jail.

Santa Cruz Libraries Book Request Form: This Form allows inmates to request 2 Books/Month for free. Inmates without a library card can register for one by including name, birth date, and S Number. Housing Officers (on each unit) will forward digital and paper requests to the Santa Cruz Public Library System. With an issued card, inmates use the Form – hand it to their Housing Officer- and should receive deliveries on Thursdays and every other Tuesday.

Inmate Orientation Forms: These forms comprise the "Welcome to Santa Cruz County Jail intake materials; including information regarding court, visitation, commissary, medical services, safety, and transition into jail. A more detailed inmate handbook (posted on each housing unit and available on tablet computer) is available to each inmate. Materials address (a) Facility rules and disciplinary sanctions (b) Correspondence, visiting and telephone rules (c) Inmate grievance procedure (d) Co-pays, fees and charges (e) Medical, dental and mental health services (f) Possibilities for pretrial release (g) Programs and activities, including application procedures (h) Classification/housing assignments and appeal procedures (i) Court appearance, where scheduled, if known (j) Availability of personal care items and opportunities for personal hygiene (k) Emergency procedures (e.g., fires, evacuations) (l) Sexual abuse and sexual harassment information.

Inmate Educational, Vocational and Rehabilitation Programs 1205: Inmates should be given a form to request participation in the inmate education program. Inmate requests will be forwarded to the Inmate Programs Coordinator, who will have the facility classification staff screen and approve the request. Inmates may also contact the Inmate Programs Coordinator at any time via a green request form to request information regarding educational opportunities.

Special Diet Request Form: Inmates can request a special diet for religious or medical reasons by filling out a Special Diet Request Form and handing it into their housing officer. Requests to change special diets can be processed once every 12 months. For a special-medical diet, inmates must also fill out and submit a Blue Slip. For a religious diet, inmates must fill out a Special diet form disclosing their religion and type of religious diet they require. Any person wishing to stop receiving a special diet must submit an Inmate Request Form to Classification asking for a withdrawal from the special diet program. (not included in packet)

Legal Research Request Form: In Jail, legal information is provided to inmates through a contract service. If an inmate needs to do legal research he should ask for a Legal Research Request Form and give it to an officer. (not included in packet)

Santa Cruz County Jail Crisis Intervention Team Referral Form: In the Santa Cruz County Jail, the Crisis Intervention Team's focus of services is on those individuals who present with a stated or suspected risk to themselves, a persistent mental health disability and/or individuals who present with psychiatric symptoms. Use the CIT Referral form to ensure that your friend or loved one receives the proper – and best – mental health services while incarcerated. Print out the form and drop it off in the lobby of the Main Jail or fill one out online at <http://santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/AdultMentalHealthServices/CoordinatedCareTeamsandSpecializedServices/JailCrisisInterventionTeamReferral.aspx>. Encourage your loved one to submit a request for CIT services themselves as well.. Request forms are available from the housing unit officers in each unit of the Jail.

To provide feedback, comments, questions, and to correct errors please contact jailguide@namiscc.org

Date Written: December 2020

**INMATE REQUEST FORM
SOLICITUD DE RECLUSO**

Inmate Name:

Hispano Parlante/Spanish Speaking

Housing Unit:

Date:

S#: _____

Seccion De Recluso:

Fecha:

Request:/Solicitud: _____

For Official use only- Officers to check appropriate box

Housing Officer: Release Date: _____

Probation/Pretrial

Reason:

- ___ Speak to Probation Officer
- ___ Restitution
- ___ Probation Terms
- ___ Employment Assistance
- ___ Work Furlough (Rountree/Blaine)
- ___ Other

Classification Officer

Reason:

- ___ Transfer
- ___ Jail Farm
- ___ Blaine St
- ___ Housing Unit
- ___ Inmate Worker

Friends Outside

Reason:

- ___ Family
- ___ Substance Abuse
- ___ Address Information
- ___ Release Referrals
- ___ Food
- ___ Shelter
- ___ Clothing

Chaplain

Reason:

- ___ Personal Visit
- ___ Religious Reading

Inmate Phones

Crisis Intervention

Commissary

Other(explain) _____

Distribution Officer's Name & Badge#: _____

INMATE VISITOR REQUEST FORM

YOUR NAME _____ SHF# _____ UNIT _____

A PARENT OR LEGAL GUARDIAN MUST ACCOMPANY ALL VISITORS UNDER THE AGE OF 18. THE PARENT *MUST* BRING THE MINOR'S BIRTH CERTIFICATE AND THE LEGAL GUARDIAN *MUST* PRESENT COURT PAPERS SHOWING THEY ARE THE LEGAL GUARDIAN. ALL VISITORS OVER THE AGE OF 18 *MUST* PRESENT A VALID PHOTO ID (EX. DRIVERS LICENSE, PASSPORT, MATRICULA). A MAXIMUM OF TWO ADULTS AND THREE CHILDREN WILL BE PERMITTED PER VISIT. ANYONE IN CUSTODY IN THE PAST 60 DAYS, ON PAROLE OR FORMAL PROBATION, MAY NOT VISIT. VISITING LIST CAN ONLY BE UPDATED ONCE EVERY 30 DAYS.

□□□ 1. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

□□□ 2. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

□□□ 3. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

□□□ 4. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

□□□ 5. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

□□□ 6. NAME _____ DOB _____ DL/ID# _____
ADDRESS _____ CITY _____ ST _____ PHONE# _____
RELATIONSHIP TO INMATE _____ IF MINOR; PARENT/GUARDIAN _____
APPROVED _____ DENIED _____ VERIFIED BIRTH CERTIFICATE _____

CHECKED BY: _____ DATE: _____ TIME: _____ SCO REVIEW: _____

RECEPTION RECEIVED REQUEST FORM: _____ PROCESSED BY: _____



RECEIVING STAFF

Name _____

Date/Time _____

County of Santa Cruz
Sheriff's Office

Corrections Medical/Servicios de Salud del condado de Santa Cruz
HEALTH REFERRAL-BLUE SLIP

(Give this form to any Jail Staff/Entregue este documento a cualquier personal de la cárcel)

All mental health requests are free of charge. Inmates submitting medical requests will be charged a \$3.00 fee. Indigent inmates will not be charged for submitting medical requests. / Todas las solicitudes de salud mental son gratuitas. Los presos que presenten solicitudes médicas se les cobrará un cargo de \$3.00. A los reclusos indigentes no se les cobrará por presentar solicitudes médicas.

Name/Nombre: _____ S#: _____

Date/Fecha: ____ / ____ / ____ Time/Hora: _____ AM/PM Unit: _____

MEDICAL/DENTAL:

I wish to be seen for the following reason/Quiero ser visto las siguientes razones:

Continue on other side/Continuar por el otro lado

MENTAL HEALTH:

I wish to speak to a counselor for the following reason/Me gustaría hablar con un consejero por los siguientes razones:

Continue on other side/Continuar por el otro lado

Inmate Signature/Firma de recluso: _____ Date/Fecha: ____ / ____ / ____

TO BE COMPLETED BY MEDICAL OR MENTAL HEALTH PERSONNEL ONLY

RESPONSE TO PATIENT/REPUESTA AL PACIENTE:

Findings:

Responder Signature/Firma de respuesta:

Date/Fecha / /

TRIAGE: RN NP / PA MD Dentist Mental Health

Triage Nurse Signature/Firma de enfermera:

Date seen/ Fecha de visita: ____ / ____ / ____

Provider Signature/Firma del proveedor medico:

MEDICAL/DENTAL:

MENTAL HEALTH:

**INMATE GRIEVANCE FORM
QUEJAS DEL RECLUSO(S)**

Inmate Name: _____ S#: _____ Date: _____ Housing Unit: _____
(Nombre De Recluso) (Fecha) (Seccion)

Grievance (Quejas): _____

(If necessary, attach additional documents with grievance number in upper right hand corner)
(Si necesario, conecta documentos adicionales con el número de la queja en el rincón superior de la mano derecha)

Inmate Signature: _____ (Required)
(Firma De Recluso) (Requerido)

CORRECTIONS USE ONLY

Date received: _____ Received by: _____

Grievance Classified by Watch Commander (circle):

Medical Mental Health Classification Disciplinary Programs Telephone Commissary Mail
Visiting Food Clothing/bedding General conditions of confinement Personnel Other
Beyond scope of authority Appeal

Investigator Assigned: _____ Due Date: _____

Met with Inmate: Yes / No Grievance Resolved: Yes / No

Investigator Findings and Response:

(If necessary, attach additional documents with grievance number in upper right hand corner)
(Si necesario, conecta documentos adicionales con el número de la queja en el rincón superior de la mano derecha)

Date returned to Watch Commander: _____

Disposition:

(If necessary, attach additional documents with grievance number in upper right hand corner)
(Si necesario, conecta documentos adicionales con el número de la queja en el rincón superior de la mano derecha)

If you disagree with the disposition you may appeal by filing form DET-1148. (Si usted no esta de acuerdo con la disposición, usted puede apalear completando la forma DET-1148.)

Date response distributed to Inmate & Facility Manager: _____

Distribution: Original - Watch Commander Yellow - Inmate when submitted Pink - Inmate after response



Full Name: _____

Date: _____ Birth date: _____

S# _____

BLAINE MAIN R OUNTREE Housing Unit: _____

Do you already have an SCPL Library account issued to you for use inside the facilities? YES NO

To receive library services inside the facilities, we need your **full name, birth date and S-number**.

BOOK REQUEST 1: Specific title or author requests will not be processed

Circle **ONE** topic:

FICTION (made up stories): Mystery | Thriller | Western | Urban Fiction | Fantasy | Science Fiction | Poetry | Literature | Romance | Classics | Humor | Historical Fiction | Manga | Comics |

NON-FICTION (facts, real stories, real people): American History | World History | Spirituality | Parenting | Substance Abuse Recovery | Occult | Paranormal | Astrology | Psychology | Law | Art | Science | Natural World | Conspiracy | Technology | Business | Biography | Criminal Justice |

BOOK REQUEST 2: Specific title or author requests will not be processed

Circle **ONE** topic:

FICTION (made up stories): Mystery | Thriller | Western | Urban Fiction | Fantasy | Science Fiction | Poetry | Literature | Romance | Classics | Humor | Historical Fiction | Manga | Comics |

NON-FICTION (facts, real stories, real people): American History | World History | Spirituality | Parenting | Substance Abuse Recovery | Occult | Paranormal | Astrology | Psychology | Law | Art | Science | Natural World | Conspiracy | Technology | Business | Biography | Criminal Justice |

COUNTY CORRECTIONS FACILITIES: (CCF) Library Services :

Santa Cruz Public Libraries, a system of 10 libraries plus a bookmobile, and the SC County Sheriff's Office offer library services in all of the County's correctional facilities. Reading is for everyone, we welcome you to participate in this unique outreach program and we hope you will continue to use your libraries upon release.

INSIDE the CORRECTION FACILITIES:

Your CCF Library Account allows you to:

- **Borrow no more than TWO books at a time.**
- **Place TWO book requests at a time.** (*If you have items out, they will need to be returned to receive your request(s).*)
- **RETURN your books within 4 WEEKS (30 days).**

PLEASE RETURN BOOKS to the library or corrections staff. DO NOT take items with you upon release from the facility OR loan items to another inmate. This could result in suspension of your library privileges.

YOU ARE RESPONSIBLE for all items checked-out on your library account. TAKE CARE of your library books; *they belong to ALL of us!*

BOOKS are for READING! Excessive loss, damage, or misuse of the books will result in suspension of your borrowing privileges.

DO NOT REMOVE library labels or barcodes. This constitutes DAMAGE to the book.

DO NOT TEAR or REMOVE pages.

DO NOT WRITE in the books. Your thoughts may be insightful and may even belong in a book someday---*just not this one!*

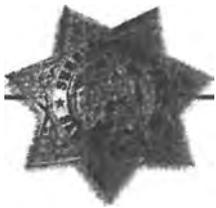
NOTIFY THE LIBRARY IMMEDIATELY of any lost or damaged items on your account.

UPON RELEASE from the Correctional Facility:

- **DO NOT TAKE LIBRARY BOOKS WITH YOU. Return all library books to library or corrections staff.**
- **VISIT US** at any library branch with photo ID to update your contact information and receive a library card.

We WELCOME you back into the community and invite you to explore all that the library has to offer. Once you've updated your permanent address and verified your ID, your account will have all the rights and privileges of SC library card holders, and will NOT be limited to two items at a time. Come to the library and browse our collection of books, magazines, CDs and DVDs, downloadable e-books, streaming movies and music, computers and wifi, printing and scanning, job help and resume templates, educational opportunities and more. **Locations:**

DOWNTOWN • 224 Church St | **BRANCIFORTE** • 230 Gault St | **GARFIELD PARK** • 705 Woodrow Ave | **CAPITOLA** • Open in 2020 | **LIVE OAK** • 2380 Portola Dr | **APTOS** • 7695 Soquel Dr | **LA SELVA BEACH** • 316 Estrella Ave | **BOULDER CREEK** • 13390 West Park Dr | **FELTON** • 6299 Gushee St | **SCOTTS VALLEY** • 251 Kings Village Rd |



SHERIFF SANTA CRUZ COUNTY

SPECIAL DIET REQUEST (cont.)

Ethical Diet Questionnaire

1. Are you Vegetarian or Vegan? _____

2. How long have you been Vegetarian/Vegan? _____

3. To better understand your request for this diet, please describe your ethical objection to eating the provided Jail meals:



Conditions for Participating in Special Diet Program

Expectations:

- I will comply with all Main Jail / Rountree / Blaine rules.
- I will comply with jail staff.
- I understand that I may change my special diet no more than once each year. A change in my special diet will require submitting a new special diet request form.
- I understand that if I voluntarily request to withdraw from the Special Diet Program, I must do so in writing and that there is a wait period of 90 days before I can request to be reinstated in the Special Diet Program.
- During meal times, I will only eat those food items on my tray, served as part of the Special Diet Program.
- I will not purchase or consume any food items that are not part of my religious diet. I understand my commissary purchases may be routinely monitored.

Consequences:

- I understand that should I violate my approved Special Diet expectations, the following consequences will be applied:
- I may receive a verbal warning or a written warning depending on the severity of the offense.
 - I may be subject to removal from the Special Diet Program and be reinstated in the general meals program. I will not be allowed to participate in the Special Diet Program for a period of 90 days effective from the date of finding of the violation.
 - If removed, once the 90 days have passed I understand that I will need to resubmit a request to be reinstated in the Special Diet Program. I understand that reinstatement is subject to review and approval.

I understand that my request for a Special Diet Program has been submitted for approval.

By signing below, I am indicating that I have read, understand, and agree to all of the conditions presented in this contract and acknowledge being advised of the consequences if I violate expectations.

Inmate Signature: _____ Date: _____

Santa Cruz County Jail Crisis Intervention Team Referral Form

Name of the Client: _____ S# (Jail ID): _____ Date of Birth: _____	
Does the client have a diagnosed mental health condition or psychiatric disability? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a treating psychiatrist/physician/counselor? If yes, please provide any contact information of provider: Name: _____ Phone #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client take medications? If yes, please list the name of medication, the dosage and the pharmacy where client picks up the medication: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have any current medical conditions/problems that need to be addressed or made known to medical personnel? Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Has the client been hospitalized for psychiatric reasons? If yes, please explain where, why and for how long: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Is the client currently a danger to self/others? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a history of suicide attempts? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Does the client have a history of violence? Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K
Is there any other additional information Jail CIT should be aware of? _____	
What is your name and contact #? _____ What is your relationship to the client? _____	

If you would like to give the Crisis Intervention Team any further information, please call (831) 454-2865 and speak with the crisis worker or leave a detailed message. Please understand the staff is prohibited by law from giving anyone information without a signed release of information from the client.

**This form can be dropped off at jail reception, faxed to (831) 454-5145 or
Emailed to: CIT@co.santa-cruz.ca.us**



Health Services Agency (HSA)

Living

[HSA Divisions](#) [Health Alerts](#) [Reports & Statistics](#) [HSA Services A-Z](#) [Job Opportunities](#)

Working

[HSA Divisions](#) » [Behavioral Health](#) » [Adult Mental Health Services](#) » [Coordinated Care Teams and Specialized Services](#) » [Jail Crisis](#)

Business

Visiting

Behavioral Health

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- [Behavioral Health Comment Form](#)
- [Behavioral Health Strategic Planning](#)
- [Child and Adolescent Behavioral Health Services >](#)
- [Client Information](#)
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- [Integrated Behavioral Health \(IBH\)](#)
- [Mental Health Advisory Board](#)
- [Mental Health Service Outcomes](#)
- [Mental Health Services Act](#)
- [Mobile Emergency Response Team \(MERTY\)](#)
- [Policies and Procedures](#)
- [Public Guardian](#)
- [Substance Use Disorders Services >](#)
- [Web Resources](#)
- [What to do in a Mental Health Crisis](#)

Jail Crisis Intervention Team Referral Form

Name of Client

S# (Jail ID)

Date of Birth

What is your name and phone #

What is your relationship to client?

Does the client have a diagnosed mental health condition or psychiatric disability?

Does the client have a treating psychiatrist/physician/counselor?

Phone Number of psychiatrist/physician/counselor

Does the client take medications?

Does the client have any current medical conditions/problems that need to be addressed or made known to medical personnel?

Has the client been hospitalized for psychiatric reasons?

Behavioral Health Menu

[Adult Mental Health Services](#)

[Behavioral Health Comment Form](#)

[Behavioral Health Strategic Planning](#)

[Child and Adolescent Behavioral Health Services](#)

[Client Information](#)

Crisis Intervention Team (CIT)

Is the client currently a danger to self or others?

Cruz to Health

Please select ▼

Frequently Asked Questions

Does the client have a history of suicide attempts?

HOPES Team

Please select ▼

How to Receive Mental Health Services

Does the client have a history of violence

Integrated Behavioral Health (IBH)

Please select ▼

Mental Health Advisory Board

Is there any other additional information Jail CIT should be aware of for this client?

Mental Health Service Outcomes

Mental Health Services Act

Mobile Emergency Response Team (MERTY)

Policies and Procedures

Public Guardian

Substance Use Disorders Services

Send Now +

Web Resources



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