



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 of Rehabilitation and Correction
- Is currently on parole under the supervision of the Department of 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 incarcerated person'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:
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Managing Officer Action:

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

Print Name:	Signature:	Date:
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