



Staff Nexus

Definition of Staff Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an inmate or offender who is currently under supervision of DRC.
Notice: If the relationship changes you are required to complete a new nexus form immediately.

Name _____ Job Title _____

Your OAKS Number: _____

Your Current Work Location: _____

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

I NO NEXUS

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any inmate/offender currently under the supervision of the the Ohio Department of Rehabilitation and Correction. 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.

Offender Name: _____

Offender 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, inmates with certain medical, mental health, classification, security, supervision or other needs will required the inmate to be kept in a certain prison/region. In situations where inmates cannot be moved for these reasons, requests to not work in the same facility/region with the inmate cannot be accommodated.

Please describe your relationship and the reason you anticipate a professional conflict:

III NEXUS - REQUESTING CONTACT

I have a nexus with the inmate/offender listed below who is currently incarcerated in the ODRC or under the supervision of the APA and I wish to maintain contact with them.

Offender Name: _____

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

Print Name:	Signature:	Date:
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