Application for Prisoner Public Works Program Inmates

All applicants will meet the criteria for PPWP eligibility as set in state statute 57 O.S. § 215. and Oklahoma Department of Corrections Policy (OP-090106, entitled "Prisoner Public Work Contract and Assignment of Inmates to Public Works Programs").

Applicants will be an agency as described in 57 O.S. § 215.

Applicant: _____

Location: _____

Facility you are requesting PPWP inmates from: _____

Number of inmates requested: _____

Days PPWP crew will be working: _____ **Work hours:** _____

The Oklahoma Department of Corrections (ODOC) requires that all PPWP crew be supervised at a ratio of **one staff** to every **ten inmates**; staff that supervises inmate work crews will complete a background check and attend required ODOC training annually.

Number of staff you will provide for supervision of inmates: _____

Provide a detailed description of the work that inmates will be performing (use additional pages, if needed)**:**

_____

_____

Inmates assigned to jobs that require the use of equipment (lawn mowers, weed eaters, tractors, heavy equipment, welders, etc.) will be provided proper training on their use prior to operating the equipment. This training will be documented for each inmate and be readily available to the ODOC. The inmate will also be provided and will wear protective equipment in accordance with OSHA standards when utilizing equipment. Training and equipment will be provided by the contracting public agency.

Provide a detailed list of equipment inmates will be using (use additional pages, if needed)**:**

_____

_____

Does your agency have qualified staff to provide training? ☐ Yes ☐ No

The contracting public agency will be responsible for the transportation of the PPWP crew to and from the facility.

Does your agency have adequate transportation vehicles? ☐ Yes ☐ No

The completion of this request is not a guarantee that a PPWP crew will be assigned to your agency. Your request will be reviewed and a determination will be made based on the inmate availability at the facility you request as well as the ODOC staff resources needed to provide this crew. If your request is approved you will be asked to complete and sign a PPWP contract with the Oklahoma Department of Corrections.

_____ _____
Signature / Title Date