

TJJD-REG-007 SIGNATURE PAGE

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Youth's Name (Last, First, Middle Initial)		County Where Youth Was Adjudicated						
DCM Youth's Date of Birth (MM/DD/YYYY)	Collin Youth's PID Number							
6/17/2002	0430024413							
	0100021110							
Staffing Review Date	Application	Number						
06/17/2019	19-D0348							
Does the application meet target popu								
Does the application meet any of the	priority populations? These i	nclude:						
Younger offenders (those between the set was a set of the set o	een the ages of 10-12);							
 Youth with a serious mental illness; Youth with a developmental or intellectual disability; Youth with non-violent offenses; and Youth with low- to moderate-risk levels for re-offense. Have department interventions been appropriate? Yes 								
				 treatment needs be met at the recommender Yes If outside the region - why? Most appropriate as identified by the apply Is the recommended length of stay an Yes and Yes 	ing department.			
				Approved Facility	Approved Length of Stay	Approved Dail	Approved Daily Rate	
				YOI Center for Success Rockdale	270 days	\$162.30		
				Other Reasoning for Approval:				
Despite not meeting any priority population and being 17 ye	ars of age, the youth has displayed pa	st successful interventi	ons by the department.					
If not recommended for approval, provide the rationale here:								
TJJD SIGNATURES								
County Program Administrator	Signature X RBristou		Date					
Ryan Bristow	X RDristou	-4	6/18/2019					
Recommend for Diversion Do Not	Recommend for Diversion							
Regionalization Team Member	Signature		Date					
Ashley Kintzer	X Ashley Kintzer 6/18/19							
Recommend for Diversion	t Recommend for Diversion							
TJJD APPROVAL								
Deputy Executive Director of Probation Services/Design	ee Signature		Date					
Louis Serrano	X Louis Serran	Ð	06/19/19					
Approved for Diversion	Not Approved for							