

## TJJD-REG-007 SIGNATURE PAGE

Youth's Name (Last, First, Middle Initial)	County Where Youth Wa	s Adjudicated
EEE	Collin	
Youth's Date of Birth (MM/DD/YYYY)	Youth's PID Number	
7-10-2006	0430026009	
TJJD RECOMMENDATION		
Staffing Review Date	Application Number	
5/29/2019	19-D0292	
<ul> <li>Does the application meet target population? Yes</li> <li>Does the application meet any of the priority populations? These include: <ul> <li>Younger offenders (those between the ages of 10-12);</li> <li>Youth with a serious mental illness;</li> <li>Youth with a developmental or intellectual disability;</li> <li>Youth with non-violent offenses; and</li> <li>Youth with low- to moderate-risk levels for re-offense.</li> </ul> </li> <li>Have department interventions been appropriate? Yes</li> <li>As provided by the department and reviewed by the assigned administrator - can the identified treatment needs be met at the recommended facility? Yes</li> <li>If outside the region - why? Most appropriate as identified by the department.</li> </ul>		
Is the recommended length of stay and cost per day appropriate? Yes		
Approved Facility	Approved Length of Stay	Approved Daily Rate
Center for Success - Rockdale	270 Days	\$162.30
Other Reasoning for Approval: If not recommended for approval, provide the rationale here:		
TJJD SIGNATURES		
County Program Administrator	Signature	Date
Ryan Bristow	X RBristow	5/29/2019
Recommend for Diversion     Do Not Recommend for Diversion		
Community Mental Health Program Administrator	Signature	Date
Susan Palacios, PhD, LPC	X Susan Palacios, PhD, LPC	05/29/2019
Recommend for Diversion   Do Not Recommend for Diversion		
Regionalization Team Member	Signature	Date
Ashley Kintzer	X Ashley Kintzer	5/29/19
Recommend for Diversion Do Not Recommend for Diversion		
Senior Director of Probation & Community Services	Signature	Date
Los Surruno	X	5/30/14
Recommend for Diversion		