

## TJJD-REG-007 SIGNATURE PAGE

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

| Youth's Name (Last, First, Middle Initial)  | County Where Youth      | Was Adjudicated     |
|---|-------------------------|---------------------|
|   |                         |                     |
| Youth's Date of Birth (MM/DD/YYYY)  | Youth's PID Number      |                     |
|   |                         |                     |
| TJJD RECOMMENDATION   |                         |                     |
| Staffing Review Date  | Application Number      |                     |
|   |                         |                     |
| Does the application meet target population?  |                         |                     |
| <ul> <li>Does the application meet any of the priority populations? These include:</li> </ul>   |                         |                     |
| Younger offenders (those between the ages of 10-14);  |                         |                     |
| Youth with a serious mental illness;  |                         |                     |
| ☐ Youth with a developmental or intellectual disability;  |                         |                     |
| Youth with a developmental of intellectual disability,  |                         |                     |
| Youth with low- to moderate-risk levels for re-offense;   |                         |                     |
| Youth for whom there is clear concern they have been, will be, or are being sex trafficked, as  |                         |                     |
| defined in Section 20A.02, Penal Code; or   |                         |                     |
| Youth who have four or more adverse childhood experiences (ACEs).   |                         |                     |
|   |                         |                     |
| <ul> <li>Have department interventions been appropriate?</li> </ul>   |                         |                     |
| As provided by the department and reviewed by the assigned administrator, can the identified  |                         |                     |
| <ul> <li>As provided by the department and reviewed by the assigned administrator - can the identified<br/>treatment needs be met at the recommended facility?</li> </ul> |                         |                     |
| treatment needs be met at the recommended lability:   |                         |                     |
| If outside the region - why?  |                         |                     |
|   |                         |                     |
| <ul> <li>Is the recommended length of stay and cost per day appropriate?</li> </ul>   |                         |                     |
| Approved Facility   | Approved Length of Stay | Approved Daily Rate |
|   |                         |                     |
| Other Reasoning for Approval:   |                         | L                   |
|   |                         |                     |
| If not recommended for approval, provide the rationale here:  |                         |                     |
|   |                         |                     |
|   |                         |                     |
| TJJD SIGNATURES   |                         |                     |
| County Program Administrator  | Signature               | Date                |
|   | X RBristow              |                     |
| ☐ Recommend for Diversion ☐ Do Not Recommend for Diversion  |                         |                     |
| Regionalization Team Member   | Signature Date          |                     |
|   | X Ashley Kintzer        | 12/30/2020          |
| Ashley Kintzer   ★ Alshley Kintzer   12/30/2020   |                         |                     |
| Deputy Executive Director of Probation Services   | Signature               | Date                |
| Louis Serrano   | V / + S                 |                     |
| Louis Serrano   |                         |                     |
| —————————————————————————————————————   |                         |                     |