



TJJD-REG-007 SIGNATURE PAGE

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

<i>Youth's Name (Last, First, Middle Initial)</i>	<i>County Where Youth Was Adjudicated</i>
AMV	Collin
<i>Youth's Date of Birth (MM/DD/YYYY)</i>	<i>Youth's PID Number</i>
08/12/2005	0430026179

TJJD RECOMMENDATION	
<i>Staffing Review Date</i>	<i>Application Number</i>
10/6/2021	22-D0013

- Does the application meet target population? Yes

- Does the application meet any of the priority populations? These include:
 - Younger offenders (those between the ages of 10-14);
 - Youth with a serious mental illness;
 - Youth with a developmental or intellectual disability;
 - Youth with non-violent offenses;
 - 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).

- Have department interventions been appropriate? Yes

- As provided by the department and reviewed by the assigned administrator - can the identified treatment needs be met at the recommended facility? Yes

- If outside the region - why? Most appropriate as identified by the department.

- Is the recommended length of stay and cost per day appropriate? Yes

<i>Approved Facility</i>	<i>Approved Length of Stay</i>	<i>Approved Daily Rate</i>
CSI Rockdale	270	██████████ \$197.69

Other Reasoning for Approval:

If not recommended for approval, provide the rationale here:

TJJD SIGNATURES		
<i>County Program Administrator</i>	<i>Signature</i>	<i>Date</i>
Ryan Bristow	X <i>R Bristow</i>	10/6/2021
<input checked="" type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
<i>Community Mental Health Program Administrator</i>	<i>Signature</i>	<i>Date</i>
Susan Palacios, PhD, LPC	X <i>Susan Palacios, PhD, LPC</i>	10/06/2021
<input checked="" type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		
<i>Regionalization Team Member</i>	<i>Signature</i>	<i>Date</i>
Ashley Kintzer	X <i>Ashley Kintzer</i>	10/6/21
<input checked="" type="checkbox"/> Recommend for Diversion <input type="checkbox"/> Do Not Recommend for Diversion		



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Deputy Executive Director of Probation Services

Signature

Date

Amy Alese Miller, Director of Probation Services

X *Amy Alese Miller*

10/6/2021

Recommend for Diversion

Do Not Recommend for Diversion