

Kinship Placement			5			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Treatment		3	3	3		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric Hospital		4	4			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Placement by CPS			2			<input type="checkbox"/>	<input checked="" type="checkbox"/>
County Operated Post Adj. Facility			2	2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
TJJD Commitment/Treatment Type						<input type="checkbox"/>	<input type="checkbox"/>
Other						<input type="checkbox"/>	<input type="checkbox"/>

Please include any additional relevant information regarding prior interventions and/or modifications: **Deferred Prosecution, GEMS Speciality Court Program, Case management services**

VII. SUPPORTING DOCUMENTATION

Psychological Evaluation Inter-Agency Application for Placement Other

VIII. JUVENILE PROBATION DEPARTMENT REQUEST FOR ASSISTANCE

Please indicate what type of assistance the juvenile probation department is requesting for the youth, including the recommendation for what treatment or intervention is needed (i.e., criminogenic need), needs to be addressed, and plans for aftercare.

Seeking services for mental health and behavior modification treatment. Aftercare to be provided through Collin County and the Texas Department Family Protective Services.

IX. PROPOSED PLACEMENT/SERVICE/PROGRAM

Placement/Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
CENTER FOR SUCCESS AND INDEPENDENCE AT ROCKDALE ACADEMY- Mental Health Tract	9-12 months	██████████ \$197.69

X. PROPOSED AFTERCARE PLAN

Service/Program	Estimated Length of Service	Cost Per Day (Estimated)
Aftercare services through Collin County	6-9 months	

CERTIFICATION

I certify that if not for the Regionalization Diversion program, the disposition recommendation would be commitment to TJJD.

Printed First and Last Name H. Lynn Hadnot	Chief Juvenile Probation Officer Signature X <i>H. Lynn Hadnot</i>	Date 09/15/21
---	--	------------------

TJJD REVIEW AND COMMENT

TJJD has five workdays to respond to a juvenile probation department's request. TJJD will make reasonable efforts to expedite responses upon request.

Printed First and Last Name	Director of Community Mental Health Services Signature X	Date
-----------------------------	--	------

<input type="checkbox"/> Recommend for Diversion		<input type="checkbox"/> Do Not Recommend for Diversion	
<i>Printed First and Last Name</i>	<i>Senior Director of Probation & Community Services Signature</i>	<i>Date</i>	
<input type="checkbox"/> Recommend for Diversion		X	<input type="checkbox"/> Authorization Granted