County:

 Sponsoring Agency:

 Program Name:

|  |  |
| --- | --- |
| **Operations**[ ]  1. JCPC Operations[ ]  2. Program Operational Requirements[ ]  3. Program Oversight and Monitoring[ ]  4. Program Reporting Requirements[ ]  5. Program Accountability[ ]  6. Program Eligibility for Funding | **Fiscal Accounting and Budgeting**[ ]  7. Audit Requirements[ ]  8. Third Quarter Accounting Process[ ]  9. Final Accounting Process[ ]  10. Program Agreement Local and Department Approval Process[ ]  11. Program Agreement Revision Approval Process |
| **Assessment Programs**[ ]  12. Clinical Evaluation and Psychological Assessment Programs | **Clinical Treatment Programs**[ ]  13. Services Addressing Problem Sexual Behavior [ ]  14. Home Based Family Counseling[ ]  15. Counseling Programs, (Crisis Counseling, Substance Abuse Treatment) | **Community Day Programs**[ ]  16. Juvenile Structured Day |
| **Residential Programs**[ ]  17. Residential Services(Temporary Shelter**,** Group Home**,** Runaway Shelter**,** Specialized Foster Care**,** Temporary Foster Care) | **Restorative Programs**[ ]  18. Mediation/Conflict Resolution[ ]  19. Restitution/Community Service[ ]  20. Teen Court | **Structured Activity Programs**[ ]  21. Skill Building (Interpersonal Skill Building, Parent/Family Skill Building, Vocational Skills, Experiential Skills)[ ]  22. Mentoring |
| **Appendix**[ ]  A. Glossary[ ]  B. Dosage Parameters Crosswalk for JCPC-SPEP Service Types[ ]  C. Associated Forms[ ]  D. Digital Client Records[ ]  E. JCPC Policy and Procedures Index |

My below signature acknowledges I have received training on the specific polices, listed above, of the *DPS Policy and Procedures for Juvenile Crime Prevention Councils and Funded Programs Minimum Standards* manual.

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 Staff Printed Name and Signature Date