County:

Sponsoring Agency:

Program Name:

|  |  |  |
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| **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