# GPS Referral Details and Notification Protocols

*The following information is requested by the assigned DJJ staff and will serve as a reporting guideline for the GPS Service Provider. This includes restrictions and allowances for the youth (e.g., times, locations, curfews etc.) and requested reporting procedures for alerts needed by the Provider, if a violation occurs.*

# Youth Name: **Click or tap to enter name** JUV#: **Juv #.** CSU: **Click text.**

Details for GPS Installation: Click or tap here to enter text.

Planned GPS hook-up date: \_\_\_\_\_\_\_\_. Time: Click to enter text.

Planned location for hook-up: Click or tap here to enter text.

Point of contact to coordinate and assist with the hook-up: Click to add name and contact info

## Parole or Direct Care Rules Related to GPS Monitoring (attach Parole Rules as applicable):

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

Describe the level of notification or intervention needed with GPS monitoring: *(Providers will conduct a minimum of 2 remote check-ins per week with the youth and/or caregiver and complete a monthly report, unless stipulated.)* provide additional details about the need for the service (e.g. provide support post release, monitor compliance with house arrest, provide monitoring for direct care community placement, etc.).

## Youth Contact Information Related to GPS Monitoring

Primary address (where the GPS will be utilized): Click or tap here to enter text.

Residence type (check all that apply): [ ]  Apartment [ ]  Townhouse [ ]  House [ ]  Residential Program

Cell number: Click or tap here to enter text. Home number: Click or tap here to enter text.

### Caregivers or Others Residing at the Same Location [ ]  N/A, youth lives at a residential program.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone (list all numbers)** |
| Click here to enter | Click here to enter | Click here to enter |
| Click here to enter | Click here to enter | Click here to enter |
| Click here to enter | Click here to enter | Click here to enter |

### Residential or IL Program Contacts [ ]  N/A, youth resides at home.

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Phone** | **E-mail** |
| Case Manager | Click here to enter | Click here to enter | Click here to enter |
| Program Supervisor | Click here to enter | Click here to enter | Click here to enter |
| Afterhours Contact | Click here to enter | Click here to enter  | Click here to enter |

## Youth is permitted to leave home (or the grounds of the program) for the following reasons:

[ ]  Work: Include employer, location, hours, or other related details.

[ ]  School: Include school name, location, and hours.

[ ]  Family outings: Include parameters, location, and hours.

[ ]  Social activities: Include parameters, location, and hours.

☐ Appointments / Other: Include parameters, location, and hours.

## Curfew Schedule (i.e., capture curfew timeframe (7PM- 7AM) or if youth is on house arrest the timeframe is always)

|  |  |  |  |
| --- | --- | --- | --- |
| **Curfew Zone** | **Address** | **Timeframe Youth Should be Inside Zone** | **Indicate Response Needed for Violation** |
| Click to enter | Click here to enter | Click here to enter | Choose an item. |
| Click to enter | Click here to enter | Click here to enter | Choose an item. |

## List of Exclusionary Zones and Timeframes (as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusionary Zone**  | **Address** | **Exclusion Zone** **(Default 24/7)** | **Indicate Response Needed for Violation** |
| Click to enter | Click here to enter | Click here to enter | Choose an item. |
| Click to enter | Click here to enter | Click here to enter | Choose an item. |

\*Urgent/priority notifications should be for violations that pose an imminent safety or flight risk.

If you selected **Urgent Response on the Curfew or Exclusionary Zones**, elaborate on notification timeframes and method to include business hours and after-business hours: Click or tap here to enter text.

DJJ Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Name** | **E-mail** | **Phone** | **Alternate Phone** |
| Parole Officer | Click here to enter | Click here to enter | Click here to enter | Click here to enter |
| Parole Supervisor | Click here to enter | Click here to enter | Click here to enter | Click here to enter |
| Afterhours Contact | Click here to enter | Click here to enter | Click here to enter | Click here to enter |

## Additional Notes, as needed: Click or tap here to enter text.

**Completed By**: Click here to enter **Date:** Click or tap to enter a date.