|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Youth Information** | | | | | | | | | |
| **Youth Name:** | | Click or tap here to enter text. | | | **JUV#** | | | | Click or tap here to enter text. |
| **Age/DOB:** | Click or tap here to enter text. | | | | | **CSU**: | | Enter CSU number here. | |
| **Location:** | Click or tap here to enter text. | | | | | **PO**: | | Click or tap here to enter text. | |
| **Provider & Service Information** | | | | | | | | | |
| **Agency/Provider**: List agency name  **Month/Year**: Click or tap here to enter text. | | | | | | | | | |
| **Staff Name**: Click or tap here to enter text. | | | | **Contact Information**: Click or tap to enter text. | | | | | |
| **GPS/ EM Service *(contract guidelines are provided on the last page of this report for reference).*** | | | | | | | | | |
| **Service Authorization Dates/ Units**: Enter POSO dates and approved units. | | | | | | | | | |
| **Service Start Date/ Hook-Up**: Enter date here. **Completed By:** Enter staff name here. | | | | | | | | | |
| **Target Completion:** 30 days / Click to enter a date. | | | | | | | | | |
| **Goal: *(Sample)*** GPS Monitoring will provide data to the CSU regarding the terms of Parole; specifically, meeting the designated curfew and adherence to approved inclusionary and exclusionary zones. | | | | | | | | | |
| **Objectives:** | Be available for contact with GPS Monitoring staff; communicate trips and variances in advance.  Maintain the working condition of the GPS equipment and charge the unit as indicated.  Stay within the identified ranges/curfews unless granted time away by the court or assigned CSU staff. | | | | | | | | |
| **YASI Date:** | Enter date here. | | **YASI Risk Factor Addressed:** | | | | Select / Select | | |

**Quick Overview** Please check or note if any of the following have occurred during the month:

Youth followed GPS parameters (e.g., zones, curfews, etc.).

Youth maintained contact with the GPS coordinator.

### Youth maintained the unit in good condition and appropriately charged.

Youth struggled to keep the unit appropriately charged.

Youth lost or damaged the unit.

Parent/caregiver communicated with the GPS coordinator consistently.

Youth attended school: Add hours, location, and other details here.

Youth is employed: Add hours, location, and other details here.

Youth is connected to an extra-curricular or school activity: Add details here.

Serious Incident Report (SIR) submitted: Add date here.

**Progress with GPS Services**  Include current progress on compliance with GPS services.

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| Click or tap here to enter text. |

**Dates of Services** Include dates, times, locations, and participants, as applicable.

Monitoring shall include a minimum of 2-3 remote check-ins per week (video or telephone) with the youth and caregiver. For youth living in a residential or IL program, the check-in may be with the residential provider or youth, with at least one weekly contact made directly with the youth (unless otherwise noted on the Service Authorization).

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| **Date** | **Contact** | | **Notes**  *(check-in, intervention, compliance, responsiveness, disposition, contact modality, and time as applicable)* |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |
| Click to enter a date. | Youth  RTC/IL staff  Parent/Caregiver  Other | PO/CAP  Alert/Alarm  Phone Call  Face to Face | Click or tap here to enter text. |

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| **Discharge Summary (section completed only if the youth is discharged during the reporting month)** |
| Actual Discharge Date: Select date  Discharge Type:  Completed service  Did not complete service.  Service Progress:  Met ALL goals  Met SOME goals  DID NOT meet goals.  Reason/Details: Click or tap here to enter text. |
| Aftercare/Discharge Recommendations: Click or tap here to enter text. |

GPS PROVIDER shall follow the DJJ process for handling alerts and violations of rules and restrictions defined by DJJ staff at the time of the referral, with ongoing communication provided between the PROVIDER and the assigned DJJ staff.

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and Credentials*

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Include Name and Credentials*