

Referral to the JCC Program

The JCC program is a unique approach to working with adjudicated and voluntary post-adjudicated youth. The program utilizes a team approach which includes the client, family, contracted agency, local public-school staff, Juvenile Probation Officers, and other significant individuals in the client's life. The program provides participants with program services based on the client's individualized needs utilizing the Casey Life Skills Assessment. Program services provided by the JCC providers are as follows: Life Skills, Educational Development, Tutoring, Job Preparation, Family Support, Case Management, Community Service Management, Facility Transitional Services, Transportation, Case Staffing, Experiential Learning Activities, Financial Assistance and Lease/Rental assistance. The JCC program is a State funded program and requires JCC Providers to follow specific guidelines/program requirements to accept, maintain, and discharge clients.

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| Date Referred: Referring party | | Date Received: Receiving party | |
| Comments: | | | |

Client/Parent/Guardian Information:

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|--------------------------------|---------------|------------------|---------|
| Client Name: | DOB: | Age: | Gender: |
| Address or placement location: | | | |
| Phone Number(s): | | | |
| Name of JPO: | Phone Number: | | |
| Name of Parent/Legal Guardian: | | Phone Number(s): | |
| Address: | | Email: | |

Referral information:

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| <input type="checkbox"/> Juvenile Probation Office | <input type="checkbox"/> CYFD Supervised Release Board | <input type="checkbox"/> JJS Facility Staff |
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> District Court Judge | <input type="checkbox"/> Public Defender/Private Attorney |
| Service Recommendations: | | |
| Select the supporting documents attached to referral: <input type="checkbox"/> Plan of Care <input type="checkbox"/> Supervised Release Plan <input type="checkbox"/> Probation Order <input type="checkbox"/> Judgment and Disposition <input type="checkbox"/> Chronological Offense history <input type="checkbox"/> Baseline Assessment <input type="checkbox"/> Baseline Questionnaire <input type="checkbox"/> Other: | | |
| Requested length of time in the JCC Program: | 6 months (minimum) | 18 months (max) |
| Other: | | |
| Each JCC Agency Director/Supervisor, after staffing the case with the Juvenile Probation Officer, has the authority to waive the minimum lengths of program participation with prior written approval from the Chief Juvenile Probation Officer or designee. Permission for a client to extend time in the program over 18 months must be given by the CYFD's JCC Grants Manager. | | |
| Referred By (Name and Title): | | Date: |
| Signature: | | |



Referral Review

The agency has three (3) business days from referral date to complete the review, determine eligibility and notify the referring entity.

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| JCC Agency reviewing referral packet: | | |
| Person(s) reviewing referral packet: | | |
| Address: | Phone Number | |
| What supporting documents were attached? | <input type="checkbox"/> Plan of Care <input type="checkbox"/> Supervised Release Plan <input type="checkbox"/> Probation Order <input type="checkbox"/> Judgment and Disposition <input type="checkbox"/> Chronological Offense History <input type="checkbox"/> Baseline Assessment <input type="checkbox"/> Baseline Questionnaire <input type="checkbox"/> Other: | |
| Is additional information needed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes: |
| Is a preliminary interview necessary? | <input type="checkbox"/> No | <input type="checkbox"/> Yes- Reason: |
| Requires authorization from Grant Manager | | |
| Review date: | Billing units: | Start time: End time: |
| Comments: | | |

After reviewing the JCC referral form and attachments the receiving agency has determined:

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| <input type="checkbox"/> Approval of participation in the JCC Program <input type="checkbox"/> Denial of participation in the JCC Program Reason for Denial: |
| Recommended Services: |
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| As the participating client I understand my required active participation is needed to complete the JCC program. | |
| Client Name and Signature: | Date: |
| As the parent/legal guardian I understand and acknowledge the required active participation needed to support my child in the JCC Program | |
| Parent/Legal Guardian Name and Signature: | Date: |
| As the assigned JPO I understand the collaboration and active participation needed to support the requirements of the JCC program and deliver the best outcome for the client. | |
| JPO Name and Signature: | Date: |
| As the JCC Provider I understand the collaboration and active participation needed to support the requirements of the JCC program and deliver the best outcome for the client. | |
| JCC Provider Name and Signature: | Date: |

Document must be saved/Uploaded in the following areas: Client File and Salesforce. All Denied referrals must also be sent to Grant Manager



505-551-4250 Chris Baca
505-627-6396 Melanie Chavez
505-637-1421 Grace Medwetz



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