**Notification Date: Change Effective Date:** YOUTH INFORMATION Juvenile #: First Name: **Last Name:** Describe the change: Check all items impacted: **SUPERVISION STATUS | New Status: CHANGE IN JURISDICTION | New Region:** New DJJ Unit: **CHANGE IN ASSIGNED DJJ STAFF | New Staff Name: Email:** Phone: CHANGE IN RESIDENCE (e.g., new address or residential setting) | Explain here: **CHANGE IN FUNDING SOURCE | Funding is now the responsibility of:** OTHER | Explain: **NOTIFICATIONS & SUPERVISOR REVIEW** List the notifications made and related details, as applicable. Was the provider notified of the change? **Notification Date:** Was the family and/or youth notified of the change? **Notification Date: Staff Submitting Change Notification:** Email: Phone: I verify this change notification was staffed with my supervisor on this date: **Supervisor's Name: Email:** Phone: This form must be emailed to the assigned RSC with the documents below attached (\*as applicable): **BADGE Face Sheet\* Consent Form** New Referral\* evidence-based Central: RSCCentral@ebanetwork.com associates ® East: RSCEast@ebanetwork.com **EBA Resources** Mid-West: RSCMidWest@ebanetwork.com https://evidencebasedassociates.com

**EBA Provider Directory** https://vamap.evidencebasedassociates.com

**North:** RSCNorth@ebanetwork.com **South:** RSCSouth@ebanetwork.com

West: RSCWest@ebanetwork.com