

The below supplemental information is required when making a referral for GPS/Electronic Monitoring. This is important so that as the primary case manager and consumer of services, the Probation/Parole Officer communicates needs and expectations to the direct service provider regarding real-time reporting of violations and after-hours emergencies. This form also provides an opportunity to report specific rules and restrictions on movement and to supply direct service providers with after-hours contact information.

YOUTH INFORMATION	
<b>Youth Name:</b> <b>Referring DJJ Staff:</b> <b>Supervision Status while on GPS:</b> <input type="checkbox"/> Parole <input type="checkbox"/> Direct Care	<b>Juvenile #:</b> <b>Referring DJJ Unit:</b>
DETAILS FOR GPS INSTALLATION	
<b>Planned/requested GPS setup date:</b> <b>Planned/requested location for setup:</b> <b>Point of contact to coordinate and assist with setup:</b>	<b>Time:</b>
RULES RELATED TO GPS MONITORING	<i>Attach Parole Rules as applicable.</i>
1.  2.  3.	
INDICATE EXPECTATIONS REGARDING LEVEL OF NOTIFICATION AND FREQUENCY OF CONTACTS	
<i>Note: Unless otherwise communicated as an expectation by the referring worker, GPS will include equipment, a minimum of 2 remote check-ins each week conducted by the provider with the youth and/or caregiver, and completion and submission of monthly reports. It is incumbent upon the referring worker to indicate here if non-remote/face-to-face contacts are required, and with what frequency. It is also incumbent upon the referring worker to indicate here with what frequency reports are required and with what level of urgency violations and alerts should be reported.</i>	
YOUTH CONTACT INFORMATION RELATED TO GPS MONITORING	
<b>Primary Address (where the GPS will be utilized):</b> <b>Residence Type (check all that apply):</b> <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> House <input type="checkbox"/> Residential Program	
<b>Youth's Mobile Number:</b>	<b>Home Phone Number:</b>

CAREGIVERS OR OTHERS RESIDING AT THE SAME LOCATION			
<input type="checkbox"/> N/A, youth is in a residential program.			
Name	Relationship	Phone (list all numbers)	
RESIDENTIAL OR IL PROGRAM CONTACTS			
<input type="checkbox"/> N/A, youth is not in a residential program.			
Role	Name	Email	Phone
Case Manager: Program Supervisor: After-hours Contact: (for alerts)			
Youth is permitted to leave home (or the grounds of the residential program) for the following:			
Employer, School Name, Parameters	Location	Hours	
<input type="checkbox"/> Work: School: Family Activities: Social Activities: Appointments/Other:			
Additional details not otherwise indicated above:			
<i>For the below three tables, please note the following: Selecting Urgent/Priority Notifications indicates that the expectation is that the provider needs to report the identified alert or violation to the CSU immediately, including notifications after normal business hours.</i>			
CURFEW REQUIREMENTS			
Curfew Zone	Address	Timeframe Youth Should be Inside Zone	Indicate Notification Urgency for Violation
LIST OF EXCLUSIONARY ZONES AND NOTIFICATION NEEDS			
Exclusionary Zone	Address	Exclusion Zone (Default 24/7)	Indicate Notification Urgency for Violation

LIST OF VIOLATIONS, ALERTS, AND NOTIFICATION NEEDS				
Type of Violation or Alert				Indicate Notification Urgency for Violation
<p><b>** If you selected Urgent Response on the Curfew or Exclusionary Zones, it is incumbent upon the Parole Officer or other DJJ staff member to provide contact information for the purposes of reaching a member of the CSU staff after-hours. Elaborate on notification time frames and methods to include business hours and after business hours:</b></p>				
DJJ CONTACT INFORMATION				
Title	Name	Email	Phone	Alternative Phone
<p><b>PO/CAP Staff:</b></p> <p><b>PO/CAP Supervisor:</b></p> <p><b>After-hours Contact:</b> <i>(for alerts)</i></p>				
ADDITIONAL NOTES, AS NEEDED				
<b>Completed By:</b>			<b>Date:</b>	
<p><b>Please submit this completed document as an attachment with any referral requests for GPS/EM services.</b></p>				
<p><b>RSC Notes (internal use only):</b></p>				