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 provide direct service providers with after-hours contact information.

YOUTH INFORMATION							
Youth Name:	Juvenile #:						
Referring DJJ Staff:	Referring DJJ Unit:						
Supervision Status while on GPS: 🛛 Parole 🗌 Dire	ect						
DETAILS FOR GPS INSTALLATION							
Planned/requested GPS setup date:	Time:						
	Time.						
Planned/requested location for setup: Point of contact to coordinate and assist with setup:							
· ·							
RULES RELATED TO GPS MONITORING 1.	Attach Parole Rules as applicable.						
1.							
2.							
3.							
5.							
INDICATE EXPECTATIONS REGARDING LEVEL OF NOTIFICATION AND FREQUENCY OF CONTACTS							
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.							
YOUTH CONTACT INFORMATION RELATED TO GPS MONITORING							
Primary Address (where the GPS will be utilized):							
Residence Type (check all that apply): 🛛 Apartment	Townhouse House Residential Program						
Youth's Mobile Number:	Home Phone Number:						

CAREGIVERS OR OTHERS RESIDING AT THE SAME LOCATION							
□ N/A, youth is not in a residential program.							
Name		Relationship P		Pho	one (list all numbers)		
RESIDENTIAL OR IL PROGRAM CONTACTS							
□ N/A, youth is not in a r	esidential	program.					
Role		Name	Email		Phone		
Case Manager							
Program Supervisor Afterhours Contact for Alerts Youth is permitted to leave home (or the grounds of the residential program) for the following:							
•	-	ame, Parameters	Location	,	Hours		
 Work: School: Family Activities: Social Activities: Appointments/Other: 							
Additional details not otherwise indicated above:							
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.							
CURFEW REQUIREMENTS							
Curfew Zone		Address	Timeframe Youth S be Inside Zon		Indicate Notification Urgency for Violation		
LIST OF EXCLUSONARY ZONES AND NOTIFICATION NEEDS							
Exclusionary Zone		Address	Exclusion Zon (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			
** 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:							
DJJ CONTACT INFO	RMATION						
Title	Name	Email	Phone	Alternative Phone			
Parole Officer							
Parole Supervisor							
Afterhours Contact for Alerts							
ADDITIONAL NOTES	S, AS NEEDED						
Completed By:		Date:					
Please submit this completed document as an attachment with any referral requests for GPS/EM services.							
RSC Notes (internal use only):							