County(s):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsoring Agency:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Operations**[ ]  1. JCPC Operations[ ]  2. Program Operational Requirements[ ]  3. Program Oversight and Monitoring[ ]  4. Program Reporting Requirements[ ]  5. Program Accountability - Critical Standards[ ]  6. Program Eligibility for Funding | **Fiscal Accounting and Budgeting**[ ]  7. Audit Requirements[ ]  8. Third Quarter Accounting Process[ ]  9. Final Accounting Process[ ]  10. Program Agreement Local and Department Approval Process[ ]  11. Program Agreement Revision Approval Process |
| **Assessment Programs**[ ]  12. Clinical Evaluation and Psychological Assessment Programs | **Clinical Treatment Programs**[ ]  13. Services Addressing Problem Sexual Behavior [ ]  14. Home-Based Family Counseling[ ]  15. Counseling Programs | **Community Day Programs**[ ]  16. Juvenile Structured Day |
| **Residential Programs**[ ]  17. Residential Services(Temporary Shelter**,** Group Home**,** Runaway Shelter**,** Specialized Foster Care**,** Temporary Foster Care) | **Restorative Programs**[ ]  18. Mediation/Conflict Resolution and Other Restorative Justice Programs[ ]  19. Restitution/Community Service[ ]  20. Teen Court and Other Restorative Justice Programs | **Structured Activity Programs**[ ]  21. Skill Building (*Interpersonal Skill Building, Parent/Family Skill Building, Vocational Skills, Experiential Skills*)[ ]  22. Mentoring |
| **Appendix**[ ]  A. Glossary[ ]  B. Dosage Parameters Crosswalk for JCPC-SPEP Service Types[ ]  C. Associated Forms[ ]  D. Digital Client Records[ ]  E. JCPC Policy and Procedures Index[ ]  F. Financial and Board Governance Considerations & Requirements |

My below signature acknowledges I have read the specific polices/appendixes checked above.

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 Staff Printed Name and Signature Date