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| County: |  | 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 Date