# TO: CCRP Chair (copy to CCRP Administrative Support) Date of Request:

# RE: REQUEST FOR PAYMENT OF SERVICES FOR YOUTH AGE 18

**JD****:**  **Chief Probation Officer:**        **Amount of Request:**

**Youth’s Initials:**     **DOB:**  **CAPS Number:**

**Placement or Service being requested**:

**Anticipated Dates of Service to be covered: Begin:**       **End:**

Criteria Met:

[ ]  Offense committed prior to age 18

[ ]  Service or placement started prior to the youth turning 18 (youth must be in a program or service at the time of the request)

[ ]  Placement or service required for continued compliance of a court order or consent adjustment

[ ]  It is in the youth’s best interest to allow for completion of the placement or service within a reasonable period of time

[ ]  Youth shows substantial progress at time of request and a willingness to complete the program or service at the time of the request

[ ]  Another funding source is not a viable option

Supporting Documentation Attached (remove youth’s name from all supporting documentation):

[ ]  Court order or consent adjustment that states the placement or services will be required for continued compliance (Required)

[ ]  Financial documentation – example: rates, other payments made already (desired)

[ ]  Other: