

SANTA RITA JAIL S.R.J.Y.E.P. PROGRAM

Permission Slip and Background Information (To be completed by the legal guardian and youth participant)

Date: _____

Youth's Name: _____ Birth Date: _____ Age: _____

In what environment is the youth currently living? (i.e., Parent's home, Juvenile Hall, Foster Home, etc.)

What is that living environment like? _____

Is the youth presently in custody? Yes No If "Yes" – STOP! We cannot admit the youth participant to our program due to the Federal JJDP.

Is the youth gang affiliated? Yes No If yes, is he a follower or leader? _____

Does the youth have a history of chemical abuse? Yes No Drugs Alcohol

Please give a brief description of the problems the youth is experiencing (i.e., attitude, ambitions, education, peer pressure, drugs, gangs, family problems, etc.).

What grade is the youth in? _____ Is he presently attending school? Yes No

If yes, Name of School: _____ City: _____

Does the youth have any relatives presently incarcerated at Santa Rita? Yes No

If yes, provide the following information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

.....
YOUTH PARTICIPANT: By signing my name below, I hereby state that I am aware of the dress code, rules, and special requirements, and that I am eligible to participate in this program. I am participating voluntarily, and not under any mandated conditions set forth by the state. I agree to abide by all the program rules of participation and conduct.

Youth Participant Signature: _____ Date: _____

LEGAL GUARDIAN: I am the authorized parent or guardian granting permission for the above-named youth to enter the Santa Rita Jail.

Legal Guardian Signature: _____ Date: _____

Relationship to youth: _____ Telephone: _____