

COUNTY YOUTHFUL OFFENDER CAMP SCREENING

Youthful Offender Name _____ Date of Birth _____ County _____
(Last, First, Middle)

Referral Offense(s) _____

Release Date _____

SECTION A: Standard Camp Criteria:

- ☐ The COUNTY Youthful Offender has a release date no less than six (6) months and no more than seventy-two (72) months from the date of approval.
- ☐ The COUNTY Youthful Offender is 18 years old.
- ☐ The COUNTY Youthful Offender is under juvenile court jurisdiction.
- ☐ The COUNTY Youthful Offender is free of any serious rule violations for the past sixty (60) days.
- ☐ The COUNTY Youthful Offender has provided a DNA sample.
- ☐ The COUNTY Youthful Offender possess a high school diploma or GED.

SECTION B: Camp Exclusionary Criteria from which Exemption is Requested:

If youth meets any of the below criteria, a County Youthful Offender Camp Criteria Exemption Request (Pine Grove Attachment #2) must be completed and attached.

- ☐ Serious or Violent Offense (Requires approval from Camp Warden Hiring Authority, Pine Grove Camp Associate Warden or DJJ Deputy Director or designee)
- ☐ Runaway/AWOL
- ☐ Sexual misconduct rule violation
- ☐ Birthplace outside of the U. S.
- ☐ Mental Health history
- ☐ Release Date < 6 mos., >72 months
- ☐ Previous camp removal
- ☐ Possession of illegal fireworks
- ☐ Serious Rule Violation in the last 60 days
- ☐ Public interest case

NOTE: Youth with the following history are permanently excluded from camp placement:

1. Escape by force or violence from any count, private or state facility.
2. Sustained petition or conviction of arson
3. History of possession or manufacturing of explosive device
4. History of an offense that is sex-related
5. Medically unfit for in-camp duties
6. Active hold or court action that may result in additional confinement

COMPLETED BY:

County Representative

Signature

Date

Telephone Number

Email

SECTION C: Medical Screening:

1. Does the youth have any restrictions on physical activity? ☐ no ☐ yes *If yes, list restrictions:*

2. Does the youth have any chronic conditions? ☐ no ☐ yes *If yes, list conditions:*

3. List of all prescribed medications.

4. Is there a history of asthma? ☐ no ☐ yes

5. Is there a history of seizure disorder? ☐ no ☐ yes

6. What is the youth's visual acuity (with corrective lenses if applicable)

If the answer to any of the above questions is "Yes", youth may not qualify for Fire Camp.

COMPLETED BY:

County Medical Representative

Signature

Date

Telephone Number

Email

SECTION D: Mental Health Screening:

- ☐ Youth is not presently prescribed any psychotropic medication (e.g., antipsychotics, antidepressants, or mood stabilizers)
- ☐ Youth has not engaged in self-injurious behavior within the past two (2) years, nor required suicide watch or hospitalization for a mental health issue.
- ☐ If previously on psychotropic medication, youth has been screened by a mental health clinician who has determined that this individual, who has a history of mental health treatment, has been emotionally stable without psychotropic medication(s) for a period of at least four months.
- ☐ Youth has been screened by a mental health clinician who has determined that this individual does not require ongoing mental health treatment.
- ☐ Youth does not have an intellectual developmental disorder or a pervasive developmental disability (such as Autism Spectrum Disorder), an acute mental health condition (such as depressive episodes), or a chronic serious mental health disorder (such as schizophrenia) that limits their ability to comprehend or follow instructions or otherwise impairs their ability to engage appropriately in social and communication and interaction.

If youth does not meet all the above criteria, youth is NOT eligible for camp.

COMPLETED BY:

County Mental Health Clinician

Signature

Date

Telephone Number

Email

SECTION E: Fire Camp Placement Referral:

- ☐ Meets criteria for Fire Camp (attached) ☐ Ineligible for Fire Camp* ☐ Exemption Requested

County Administrator

Signature

Date

Telephone Number

Email

Once all sections are completed and signed by appropriate staff, forward packet to CDCR. *If ineligible for Fire Camp and an exemption is not being requested, do not forward packet to CDCR.

Return completed form to CDCR.