SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM AGREEMENT ADDENDUM

I _____, Title: _____
acknowledge that I represent _____ STRTP, and that I have the authority to accept minor _____ PDJ# _____ for placement in the specific STRTP facility listed below:

Facility name and address where the minor will be housed:

_____

Further, I agree that the minor will not be moved, either to another facility within the STRTP organization, or to another STRTP Provider, without the specific written consent of the Los Angeles County Probation Department, Regional Based Services Director.

If the minor is moved without specific written authorization from the Residential Based Services Director, significant delays in funding can and will occur. In certain instances, Federal Title IVE eligibility may be denied, further delaying payments to the STRTP.

Any violation of the STRTP Agreement may result in a Corrective Action Plan (CAP) being applied to the STRTP.

I also agree to provide or arrange transportation to: (1) school; (2) medical, dental, mental health and counseling appointments; (3) planned activities; and (4) provide transportation to all court hearings.

I agree to report unauthorized/authorized absences via the iTrack system and call the Placement Administrative Services (PAS) Officer of the Day (OD) Line at 323-730-4466 regarding the following situations: (1) Unauthorized Absences (AWOLs); (2) Unauthorized Absence Return (Return AWOLs); (3) 7-day Notices; (4) 5150s; (5) Detentions; (6) Emergency Removals; and (7) Court releases.

I also agree to report behavioral incidents via the iTrack system and call the Probation Permanency and Quality Assurance Services (PPQA) OD Line at 323-537-6297 Regarding the following circumstances: (1) Fights; (2) Behavioral incidents; (3) Illness; (4) Injuries or accidents; (5) Serious injury, illness or accident; (6) Death; (7) Child abuse; (8) Significant changes in the group home; (9) Significant incidents which involve the community or physical plants and may have serious impact on the residents and (10) Inappropriate sexual activity.

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RESTRICTIONS ON THE MOVEMENT OF MINORS DOES NOT APPLY TO EMERGENCY MEDICAL REMOVAL OR HOSPITALIZATION, INCLUDING REMOVAL BY THE PSYCHIATRIC EMERGENCY TEAM (PET) OR BY 5150.

The minor listed above ☐ is ☐ is not, 17.5 years old or older. If the minor is 17.5 years old or older at the time of placement or re-placement, the STRTP agrees to provide a completed Education Verification Card (DCFS [Form] 1725.1) to the Placement Administrative Services Director, within 7 calendar days.

_____	_____
Signature (Placement DPO)	Signature (Service Provider)
_____	_____
Print Name	Print Name
Los Angeles County Probation Department	_____ Agency
Date: _____	Date: _____