

# SECOND CHANCE RE-ENTRY APPLICATION

**Student's Name:** \_\_\_\_\_  
**Commitment Date:** \_\_\_\_\_

**County:** \_\_\_\_\_  
**Comt No:** \_\_\_\_\_ **Community YSC:** \_\_\_\_\_

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

Race/Ethnicity: \_\_\_\_\_

Risk Level: \_\_\_\_\_

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Projected Reassessment or Reassessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Treatment Team Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Parental Notification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Last School: \_\_\_\_\_ Grade: \_\_\_\_\_ Returning to DFCS:  Yes  No  N/A

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Second Chance Re-Entry Committee Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Program Start Date (Projected Date when Services and Programs will begin): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Projected End Date (Projected Date when Services and Programs are complete): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

COMMITTEE MEMBERS <i>(Signatures are required.)</i>		
<input type="checkbox"/> [Written Comments Must be Presented before Final Approval]		
Name	Position	Comments
	Oakley Transition Coordinator (Chairperson)	
	Program Director or Designee	
	Community Representative Written Communication: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names and Position of Excused Committee Members		
<i>A Committee member may be excused in whole or in part and appoint a designee in his/her absence. Notification must be given to the chairperson prior to the committee meeting. If questions or concerns are deferred during the excused member's absence, the absent member must follow thru with a written response. Attach all written documentation.</i>		
<b>The Committee meeting was conducted via alternate means of technology:</b>		<input type="checkbox"/> N/A
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other (specify): _____		
<b>This Committee meeting was recorded:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

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### PROCEDURAL SAFEGUARDS NOTICE

\_\_\_\_ I understand this is a voluntary program. The eligibility requirements have been explained to me. I willingly make application.

\_\_\_\_ I have been notified that during the Parent/Legal Guardian Notification, my parent/legal guardian will be notified of the Procedural Safeguards, and fully explained our rights to the Grievance Process.

\_\_\_\_ I have been notified that during the Parent/Legal Guardian Notification, the agency will inform my parent/legal guardian of whom we may contact if additional information is needed.

Student/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### APPROVING AUTHORITY

Facility Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_