**YLP Short-Term (1-3 Days) Jail Stay**

**Notification to County Attorney's Office**

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| **Client's Name (First Middle Last)** | **D.O.B.** | **Anticipated Court Date and Time** |
|  |  |  |

Individual has been screened by YLP and has identified:

Mental health needs:  Yes  No

Chemical health needs:  Yes  No

Individual demonstrates an understanding of his/her mental health and/or chemical health needs:

Yes  No

Individual is willing to engage in services and is recommended for participation in YLP:

Yes  No

|  |  |
| --- | --- |
| Name of Referring Community-Based Coordinator (please print): | |
| Community-Based Coordinator's Signature | Date |