

**YLP Short-Term (1-3 Days) Jail Stay
Notification to County Attorney's Office**

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