

JUVENILE REHABILITATION (JR)  
**Claim for Facility Damages**

DATE		FACILITY / UNIT	
YOUTH'S NAME		JR NUMBER	CLAIM INITIATED BY (STAFF NAME):
BRIEF DESCRIPTION OF THE INCIDENT			
JR INCIDENT REPORT NUMBER	COST OF DAMAGES OR LOSS \$ <b>(Attach documentation for estimated repair / replacement)</b>		
DESCRIPTION OF ITEMS DAMAGED DURING THE INCIDENT			
STAFF WITNESS(ES)		YOUTH WITNESS(ES)	
YOUTH'S EXPLANATION OF THE INCIDENT			
DATE OF ADMINISTRATIVE REVIEW	REVIEWED BY:		
YOUTH'S RECOMMENDATIONS FOR RESPONSE			
ADMINISTRATION'S RECOMMENDATIONS FOR RESPONSE			
<input type="checkbox"/> Refer to law enforcement for significant damages. <input type="checkbox"/> Convert replacement cost to community services hours. Number of required hours:			
YOUTH'S RESPONSE TO ADMINISTRATION (CHECK ALL THAT APPLY)			
<input type="checkbox"/> I agree with this plan. <input type="checkbox"/> If applicable, my repayment plan has been documented on the DSHS form, DSHS 27-139). <input type="checkbox"/> I disagree with this plan. <input type="checkbox"/> I have been informed of my appeal rights per Policy 2.10. <input type="checkbox"/> I want to review with Legal Services.			
YOUTH'S SIGNATURE	DATE	REVIEWER'S SIGNATURE	DATE

cc: Case File