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| http://oyanet.oya.state.or.us/ResourceCenter/Logos/oya_logo_small.png | **REQUEST TO VISIT****YOUTH IN OYA FACILITY** | State of OregonOREGON YOUTH AUTHORITY |
| **All individuals ages 12 and older seeking to enter an OYA facility are subject to a computerized criminal records check. Information you provide or obtained from a criminal records check is generally confidential but subject to Oregon Public Records Law. Conviction of an offense or an arrest will not necessarily exclude an individual from entering a facility. An active warrant may be reason to restrict a person from entering an OYA facility.**  |
| Name of the youth the visitor requests to visit:      | JJIS #      | Date:      |
| Visitor's relationship to the youth:      | Facility where the youth is currently placed:      |
| **VISITOR INFORMATION** |
| If a business/professional visit, please state purpose:       |
| Visitor’s full legal name: |       |       |       |
| *First* | *Middle* | *Last* |
| List all other names visitor has used (Including birth, former married, legal name changes):      |
| Address:       | City/State:       | Zip:       |
| Date of Birth:        (mm/dd/yyyy)Age:       | Gender:**[ ]**  Male**[ ]**  Female**[ ]**  Nonbinary/Other | Phone number:        |
| Email address:        |
| Driver’s license #:       State:       |
| List all other cities/states visitor has lived in within the last five years:       |
| Does the visitor use medications or a medical device that must be brought into the facility? [ ]  Yes [ ]  No |
| **By my signature, I request visitation at an OYA facility. I agree to abide by OYA visiting rules and policies, and the facility’s local operating protocols. I understand that OYA will conduct a computerized criminal records check of my criminal record. If I am signing for a minor, I understand a computerized records check may be conducted in the Juvenile Justice Information System.** |
| Signature:  |  | Date:       |
| *Signature of applicant or (if applicant is under age 18) signature of parent/legal guardian* |
| *[Optional] OYA staff signature on behalf of visitor:* |
| Return signed form to *(OYA staff enter information - who, where, how)*:       |
| **For Facility and OYA Central Office Use Only** |
| **1.** MDT recommendation/decision*(JPPO must be on MDT for OYA youth)*: **[ ]** Approve **[ ]** Deny | **2.** Facility Services Assistant Director decision*(if MDT denied immediate family or other reason)*: **[ ]** Approve **[ ]** Deny | **3.** MDT JJIS check *(if visitor age 12-25)***[ ]** Approve **[ ]** Deny **[ ]** Approve with condition:       |
| **4.** *(If visitor 15 or older)* LEDS-certified staff finding: **[ ]** Clear **[ ]** Needs Review | LEDS run by:       |
| **5.** Designated manager's LEDS review: **[ ]** Approve  **[ ]** Deny **[ ]** Approve with condition:       Date:       |
| **6.** Visitor notified of approval or denial by:       | Date:       |
| **7.** Visitor approval or denial documented in youth's JJIS "persons" tab by**:**       | Date:       |