

INSTRUCTIONS FOR COMPLETING TRANSITIONING TO INDEPENDENCE YOUTH ACTIVITY LOG

Important: The Client Activity Log is due by 5:00pm on the 1st of the Month following the month services were provided, or the next business day if the 1st is on a weekend or holiday. (Example: Services provided in January are due before 5:00 pm on February 1st)

1. Provider to complete form.

- a. **Month Of** – Month services were provided.
- b. **Date** – Enter Date of Service.
- c. **Service Code** – Enter the appropriate “Service Code” (located at the bottom of page) to indicate the type of service provided and each service must be recorded individually. Refer to the Authorization form YA 3305, regarding approved services for this youth.
- d. **Who** – Enter the appropriate “Who - Contact Code” (located at the bottom of page) to indicate who you had contact with (youth, their family, PPO, employer or other). IF it is another professional or other person, specify that persons name and title.
- e. **Type** – Enter appropriate “Type - Contact Code” (located at the bottom of page) to indicate what type of contact this was. Did you meet with the youth in person, was it a phone call, or did you use video conference.
- f. **Time of day** – Enter the time of day that this activity was done. For example 1:00-3:00 pm. Please remember to indicate am or pm.
- g. **Hours Spent** – Enter the total amount of time spent on this particular activity. Please keep time to the quarter. For example: 15 minutes would be .25, half an hour will be .50, 45 minutes will be .75, etc.
- h. **Site Code** – Enter appropriate “Site Code” (located bottom of page) to indicate where the activity took place.
- i. **Detail of Activities** – Write a brief description of the activities that you performed.

2. Person providing services to print name, position title, sign and date.

3. Program manager to sign and date.

4. Fax or Mail copy to Juvenile Parole/Probation Officer for processing

5. Provider to retain original for their records.

Service Code Definitions:

Crisis Intervention: Responding to a crisis or urgent need of youth for assistance, either by phone or in person. Examples might be assisting with situations with employer, landlord, personal relationships, family, or youth treatment issues.

Monitoring:

Based on need identified in Transitional Service Plan, includes in-person, phone, or electronic contact with youth to check on location, program progress, and program compliance

Service Coordination:

Case management activities identified in Transitional Service Plan including meeting with youth and others to develop/review service plan, contacts with others involved in case such as JPPO, family, schools, employer, landlord and other service providers. Assisting youth as needed in obtaining services.

Skill Training:

Planned, specific, curriculum-based individual and/or group sessions designed to improve specific areas of functioning such as peer and family relationships, self-care, conflict resolution, aggression reduction, anger control, risky/irresponsible thinking, educational or employment related. Skill training services should be goal-oriented and directly related to a youth offender’s Individual Service Plan.



TRANSITIONING TO INDEPENDENCE PHASE 2 – YOUTH ACTIVITY LOG

State of Oregon
OREGON YOUTH AUTHORITY

Important: Due by 5:00 PM on the 1st of the Month following the month services were provided or the next business day if the 1st is on a weekend or holiday. (Example: Services provided in January are due before 5:00 pm on February 1st).

Month Of:	JPPO Name:	Initials:	Youth Name:	JJIS No:
-----------	------------	-----------	-------------	----------

Date	Service Code	Contact Code		Time of Day	Hours Spent	Site Code	Detail of Activities
		Who	Type				

Person Providing Service Name: _____ Signature: _____ Date: _____
 Position: _____
 Contractor Name: _____ Program Manager Signature: _____ Date: _____

<u>SERVICE CODES</u>	<u>WHO</u>	<u>CONTACT CODES:</u>	<u>TYPE</u>	<u>SITE CODES</u>
CI Crisis Intervention MON Monitoring SC Service Coordination SK Skill Training	CL Client EM Employer FAM Family OP Other Professional-Specify Name & Title LL Landlord/Apartment Manager PPO Parole/Probation Officer Other Specify		IP In Person TP Telephone VC Video Conference	HM Youth's Home PPO Parole/Probation Office WK Youth's Work Other Specify