**INSTRUCTIONS FOR COMPLETING**

**TRANSITION HOURLY SERVICES - YOUTH ACTIVITY LOG**

**Important**: The Youth Activity Log is 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.)

**1. Provider to complete Youth Activity Log form.**

1. **Month Of** — Month services were provided
2. **Date** — Enter Date of Services
3. **Who** — Enter the appropriate “Who – Contact Code” (located on activity log form) to indicate who you had contact with (youth, their family, PPO, employer, other). If it is another professional or other person, specify that person’s name and title.
4. **Type** — Enter appropriate “Type – Contact Code” (located on activity log form) to indicate what type of contact this was.

**Contact Code Type Definitions:**

* **In person pre-placement visits**: These visits take place at the youth’s current location or program when appropriate. The purpose of these visits is to build a therapeutic relationship with the youth and educate youth about the upcoming placement.
* **Phone call or video conference check in pre-placement**: The purpose of these check-in’s is to keep a connection with the youth prior to placement, keep youth informed of placement plan, and answer youth’s questions.
1. **Time of day** — Enter the time of day that this activity was done. For example, 1:00-3:00pm. Please remember to indicate am or pm.
2. **Hours Spent** — Enter the total amount of time spent on this activity. Please keep time to the quarter. For example: 15 minutes would be .25, half hour would be .50, 45 minutes would be .75, etc.
3. **Site Code** — Enter appropriate “Site Code” (located on activity log form) to indicate where the activity took place.
4. **Detail of Activities** — Write a brief description of the activities that you performed.

**2.** **Person providing service to print name and position title, then sign and date.**

**3. Provider program manager to sign and date.**

**4. Provider to send copy to Juvenile Parole/Probation Officer for processing.**

**5. Provider to retain original for their records.**

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| **SERVICE CODES** | **CONTACT CODES** | **SITE CODES** |
| **WHO** | **TYPE** |
| VIS (Pre-Placement) Visit | CL ClientEM EmployerFAM FamilyOP Other Professional-Specify Name & TitleLL Landlord/Apartment ManagerPPO Parole/Probation OfficerOther Specify | IP In PersonRM Remote (Phone/Video) | HM Youth’s HomePPO Parole/Probation OfficeWK Youth’s WorkYCP Youth’s Current PlacementOther Specify |

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|  | **Transition Hourly ServicesYOUTH ACTIVITY LOG** | State of OregonOREGON YOUTH AUTHORITY |

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| **Month Of:** | **JPPO Name:** | **Initials:** | **Youth Name:** | **JJIS No:** |
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| **Date** | **Service Code** | **Contact Code** | **Time****of Day** | **Hours Spent** | **SiteCode** | **Activity Detail** |
| **Who** | **Type** |
|       | VIS |       |       |       |       |       |       |
|       | VIS |       |       |       |       |       |       |
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| Person Providing Service (and Position Title) |  | Signature |  | Date |

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| Provider AND Program Manager Name |  | Program Manager Signature |  | Date |

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