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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 Oregon OREGON 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)*:  ApproveDeny | | | | **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 DenyApprove 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: |