The Department of Children, Youth, and Families (DCYF) Juvenile Rehabilitation (JR) has developed a formal process for requesting youth presence at events. Please find attached the Youth Engagement Memo and request form.

Below is the process for youth engagement requests:

1. Submit requests a month in advance of the requested event date. If less than 30 days, please provide a justification for consideration.
2. Complete the attached request form. If not complete, the form will be returned.
3. Email the completed request form to JR Youth Engagement Requests (DCYF) dcyf.jryouthengagement@dcyf.wa.gov.
4. Provide about 7 business days for review after submission.
5. If approved, the requestor will be notified and connected to the staff/Institution/CF contact for the youth engagement. If not approved, the requestor will be notified.

Thank you for your interest in engaging with the young people in one of our 11 Juvenile Rehabilitation (JR) facilities. Our goal is to accomodate healthy connections and provide engagement opportunities to as many different youth as possible while integrating effectively with the daily lives of our residents and staff. Please fill out the form below to help us provide a connection where possible.

**About you…**

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| Name  |  |
| Telephone # |  |
| Email  |  |
| Agency/group you are representing  |  |

**About the why…**

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| Please describe the purpose of your connection. |

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| Please describe how your connection will improve the lives of the young people who live in a JR facility or how it will improve the communities they’re from and will return to. What are the objectives of the project? Will youth be able to be partners with shared decision-making power? What materials do you have to share with the young people about this work?  |

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| Is this a paid opportunity for the youth? Yes [ ]  No [ ]  *(please describe the compensation)* |
| Can the youth earn volunteer hours or receive a recommendation/letter for their participation? Yes [ ]  No [ ] *If there are volunteer hours, please describe below*      |

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| Please describe what measures you will take to protect a youth’s privacy. How you will ensure a youth’s choice to preserve their privacy be honored? Will you ask questions about the youth’s sentence or crime? How will you approach these sensitive questions? |
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| Please describe the supportive steps you will take to explain goals with the youth and how you will prepare them for participation to maximize their benefit. How will the impact of their ideas be shared with them afterwards? |

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| What opportunities exist for this young person to receive support and/or engage in your program/organization after release? |
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**About the when…**

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| * When would you like this connection to happen/begin? Start Date:

*\*\*Please note we need at least 30 days from the time of your request before the start of the connection\*\** |
| * Is this a one-time connection or recurring? One-time connection [ ]  Recurring Connection [ ]
* If recurring, how often are you hoping to connect? Quarterly [ ]  Monthly [ ]  Weekly [ ]

 Other: (*please describe*)       * Please describe how long each meeting will last:
* Do you anticipate an end date for this connection?
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**About the who…**

We strive to provide equitable opportunities for our residents. The information below helps us meet your needs while being equitable to our residents.

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| Please describe who you are hoping to connect with. Is it one person living here? Is it a group? If so, how many?  |

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| If you want to connect with a specific individual (or individuals), please share what aspects of their experience or background apply to your purpose and why you are selecting them specifically. |

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 **About the how…**

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| Please provide details on the method of the connection. (*please check all that apply*) |
| In person [ ]  Over the phone [ ]  Zoom [ ]  A mix [ ]  |

Please submit your completed form to dcyf.jryouthengagement@dcyf.wa.gov.

**For JR Program Use Only**

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| Date Received       [ ]  Approved       [ ]  Not Approved       [ ]  Sent Forward to        |