



**BOARD OF STATE AND  
COMMUNITY CORRECTIONS**

**JUVENILE PROBATION CAMP FUNDING PROGRAM  
CAMP ELIGIBILITY FORM FY2019-20**

**INSTRUCTIONS: *Original signature is required.*** Please completely fill out form (type or print) and return to: FSO Report Analyst, 2590 Venture Oaks Way, Ste. 200, Sacramento, CA 95833. Questions? Phone: (916) 323-9704; Email: [Camp@bscc.ca.gov](mailto:Camp@bscc.ca.gov); Fax: (916) 322-2461 or (916) 327-3317.

**THIS IS AN ANNUAL ELIGIBILITY FORM AND IS DUE BY JANUARY 29, 2020; PLEASE COMPLETE AND/OR VERIFY ALL SECTIONS**

A. AGENCY INFORMATION				
AGENCY NAME	CHIEF PROBATION OFFICER	TELEPHONE NUMBER	E-MAIL:	
<b>COMPLETE</b>	<b>COMPLETE</b>	( ) <b>COMPLETE</b>	<b>COMPLETE</b>	
STREET ADDRESS	CITY	STATE	ZIP CODE	
<b>COMPLETE</b>	<b>COMPLETE</b>	CA	<b>COMPLETE</b>	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
<b>IF DIFFERENT FROM ABOVE</b>		CA		

**B. CAMP ELIGIBILITY**

Counties will receive an allocation for the Juvenile Probation Camp Funding (JPCF) Program through the Enhancing Law Enforcement Activities Subaccount (ELEAS) Local Revenue Fund. The juvenile probation portion of this program is administered by the State Controller's Office. The camp funding portion of this program is administered by the Board of State and Community Corrections (BSCC) and is based upon the county's reported number of occupied camp bed days, *not to exceed rated capacity (RC) as established by the BSCC. Beginning in FY2014-15, county allocations for the JPCF Program are calculated based on the average daily population (ADP) of occupied beds in each camp as reported to the BSCC in the previous fiscal year.*

A camp, for the purpose of allocation of funds pursuant to subdivision (c) of Section 18220.1 of the Welfare and Institutions Code (WIC), is defined by WIC Section 881:

*881. The board of supervisors of any county may, by ordinance, establish juvenile ranches, camps, or forestry camps, within or without the county, to which persons made wards of the court on the ground of fitting the description in Section 602 may be committed. As far as possible, the provisions of this chapter relating to commitments to the probation officer shall apply to commitments to those juvenile facilities, except that where any ward proves to be unfit to remain in any facility, in the opinion of the superintendent or director thereof, the superintendent or director shall make a recommendation to the probation department for consideration for other commitment. Complete operation and authority for the administration shall be vested in the county.*

Services to be provided from the camp allocation, fully or in part, as authorized under WIC Section 18221:

1. Educational advocacy & attendance monitoring	13. Respite care
2. Mental health assessment & counseling	14. Counseling, monitoring, & treatment
3. Home detention	15. Gang intervention
4. Social responsibility training	16. Sex & health education
5. Family mentoring	17. Anger management, violence prevention, & conflict resolution
6. Parent peer support	18. Aftercare services as juveniles transition back into the community & reintegrate into their families
7. Life skills counseling	19. Information & referral regarding the availability of community services
8. Direct provision of, and referral to, prevocational & vocational training	20. Case management
9. Family crisis intervention	21. Therapeutic day treatment
10. Individual, family, & group counseling	22. Transportation related to any of the services described in WIC §18221(b)
11. Parenting skills development	23. Emergency & temporary shelter
12. Drug & alcohol education	

Based on these definitions, do you anticipate that your county will be eligible for a camp allocation in this fiscal year? **Yes  No**

Does your county choose to participate in this program for FY2019-20? **Yes  No**

C. ELIGIBLE FACILITY(IES) INFORMATION				
Name of Camp(s):	BSCC Number	Rated Capacity	For BSCC Verification Only	
			Yes	FR Initial
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	

Is the facility information shown above accurate for FY2019-20? **Yes  No**

D. CHIEF PROBATION OFFICER'S SIGNATURE	
<b>COMPLETE</b>	<b>COMPLETE</b>
CHIEF PROBATION OFFICER ( <i>original signature is required</i> )	DATE