

**Idaho Department of Juvenile Corrections
Community Incentive, Re-Entry and Mental Health Programs**

Provider Certification

Name of Juvenile:	County:	IJOS or ID Number:
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Evidence-Based Treatment(best practice):
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Source(s) of Best Practice Endorsement: (ie. SAMHSA, OJJDP, etc.)

Protocol for Model Fidelity:

Start Date:	End Date:	Frequency:
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Contact Person:	Phone:	Fax:
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Business Name and Address	Tax ID or SS Number
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Name of Chief Executive Officer:

Signature _____	Date: _____
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*Signature certifies that treatment listed above will be provided with fidelity using the protocols noted for quality assurance and provider agrees to reviews by IDJC staff or contractors; and
 Certifies that the placement can be made on the requested start date and the length of the requested treatment is consistent with the project period in the application from the county; and
 Provider agrees to abide by all program guidelines and provide the referring probation department with monthly status reports on all juveniles placed through the program; and
 Provider understands that the service agreement is between the County and the provider and while IDJC will process payments to providers once reimbursement forms are received from the County, payments are based upon reports being current and IDJC can not pay late fees, interest, or other chargers not related to direct services for the identified juvenile including no-show appointments.*