

YOUTH SERVICES

Number: _____ - _____ - _____

ADMINISTRATIVE REMEDY PROCEDURE FORM

Date Received: _____

Name: _____

Client ID Number: _____

Facility: _____

Living Area: _____

“THIS IS A REQUEST FOR ARP”

(You may ask your case manager or other staff members for help completing this form.) State your problem (WHO, WHAT, WHEN, WHERE AND HOW) and the remedy requested (what you want to solve the problem):

Problem: _____

Remedy requested: _____

Date of Incident/Occurrence: _____

Today's Date: _____

This form must be completed within 90 calendar days of the date of the incident/occurrence and given to the ARP Coordinator or placed in the ARP/grievance box.

Screening - ARP Coordinator's Review

Rejected _____ Returned _____ Accepted _____ Screening Date: _____ Sexual Assault Yes No
Reason: _____

Emergency Request

(Maximum Time for Processing – Initial Response: 48 hours / Final Response: 5 days)

Rejected: _____ Accepted _____ Reason: _____

Sent to Facility Director / Regional Director / IS on: _____

RD Initial Response Received on: _____

RD Final Decision Received on: _____

Step One - ARP Coordinator/IS Recommendation and Facility Director's Response

(Maximum Time For Processing: 30 calendar days)

ARP Coordinator/IS Recommendation: _____

Sent to Facility Director on: _____ AC/IS Signature: _____

Facility Director's response to your ARP Step One request: _____

Date: _____

Facility Director's Signature: _____

Received Step One on: _____

Youth's Signature: _____

If you are not satisfied with this response, you may go to Step Two. The ARP Coordinator must submit your request to the Deputy Secretary within 15 calendar days after you receive the Step One response.

Request Step Two: _____ Yes _____ No _____ Reason for Step Two request: _____

Date Step Two request received by AC: _____

Date Sent to Deputy Secretary: _____

AC's Signature: _____

Step Two - Deputy Secretary's Response

(Maximum Time For Processing: 21 calendar days)

Date Received: _____

Deputy Secretary's response to ARP Step Two request: _____

Date: _____

Deputy Secretary's Signature

Date received Deputy Secretary's response: _____

Youth's Signature

If you are not satisfied with this response, you may seek judicial review. A request for judicial review must be

**filed with the 19th Judicial District Court, 222 St. Louis Street, Baton Rouge, LA 70802 within 30 calendar days
after receiving the Step Two decision.**