

Request for Reimbursement for Juvenile Justice Services

The South Dakota Department of Corrections (DOC) is the grantee for the U.S. Department of Justice Formula Grant Program. A portion of these funds has been designated to provide reimbursement to counties for juvenile services, including transportation, shelter care, detention, electronic monitoring, and holdover. Reimbursement will not be provided for out of state extradition expenses and may be limited by the amount of funds available.

To request reimbursement, complete the Reimbursement Claim Form, the applicable Documentation Form, and provide the required documentation and submit to Bridget Coppersmith, Juvenile Justice Specialist, South Dakota Department of Corrections, 3200 East Highway 34, Pierre, SD 57501-5070 Fax: 605-773-3194. For questions call 605-773-3478 or email: Bridget.Coppersmith@state.sd.us.

# Reimbursement Instructions

###### SUBMIT REIMBURSEMENT CLAIM FORM AND THE FOLLOWING DOCUMENTATION:

**SHELTER CARE –** DOC will reimburse eligible counties up to $100.00/day for maximum of seven days in the pre-dispositional phase or during the first seven days of post-dispositional custody upon DOC commitment in approved facilities.

 Documentation required:

1. A billing statement from approved shelter care facility showing length of stay and daily rate.
2. A copy of the Temporary Custody Directive, Court Order or other directive regarding placement of the youth during the pre-dispositional phase.

**DETENTION** – DOC will reimburse eligible counties up to $120/day for maximum of seven in the pre-dispositional phase or during the first seven days of post-dispositional custody upon DOC commitment in approved facilities.

 Documentation required:

1. A billing statement from approved JDC showing length of stay and daily rate.
2. A copy of the Temporary Custody Directive, Court Order or other directing regarding placement of the youth during the pre-dispositional phase.
3. The invoice or court order must indicate the offense in which the child was held in detention. Detention will be reimbursed for delinquent youth only – not status offenders or CHINS. If the youth violated probation, please indicate the new delinquent offense.

**TRANSPORTATION** - DOC will reimburse eligible local (SD) law enforcement for out of jurisdiction transportation expenses of youth in the pre-dispositional period or during the first seven days of post-dispositional custody upon DOC commitment:

 1. Mileage paid at the rate of $0.42 per mile AND

2. Transport personnel time paid at $10.00 per hour for up to two transporters.

 Documentation Required:

1. A complete transportation reimbursement documentation form.
2. A copy of the Temporary Custody Directive, Court Order or any other order requiring transport of the youth during the pre-dispositional phase.

**HOLDOVER** – DOC will reimburse eligible entities for coordinator duties at the rate of up to $15/hr for scheduling/administrative duties for a maximum of eight hours/week. Reimbursement is also provided for attendant care at the rate of up to $10/hr for supervision of youth (up to two attendants for up to 72 hours) and for a $25/week on-call stipend (up to two attendants at one time).

Documentation required: A completed holdover reimbursement documentation form and applicable documentation as outlined below based on reimbursement being claimed:

 Coordinator: Copy of voucher paid to coordinator showing hours worked and rate paid.

 Attendant Care: Copy of voucher paid to attendant showing hours worked and rate paid.

 On-Call Stipend: Copy of voucher paid to the attendant showing hours on-call and rate paid.

**ELECTRONIC MONITORING** – DOC will reimburse eligible entities at the rate of up to $5.00 day per youth (not to exceed actual costs) for a maximum of 30 days total in the pre-dispositional or post-dispositional phase for PASSIVE ELECTRONIC MONITORING. DOC will reimburse at the rate of up to $15/day per youth for a maximum of 30 days total in the pre-dispositional or post-dispositional phase for ACTIVE ELECTRONIC MONITORING. EM plans and case logs will be subject to audit by the DOC to ensure an enhanced level of supervision beyond passive EM. DOC will reimburse up to $5,000 for EM equipment. Expenses must be pre-approved by DOC prior to the purchase of the equipment.

 Documentation required for Passive and Active EM:

1. A copy of the EM invoice billed to the county.
2. A copy of the Court Order by the judge, or a copy of the Sheriff’s directive, if applicable.

 Documentation required for equipment:

1. A copy of receipts for approved equipment purchased.

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# Reimbursement Claim Form

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of claim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Units Claimed** | **Rates (Maximum)** | **Requested Amount** | **Reimbursement Amount*****(For DOC Use Only)*** | **Comments*****(For DOC Use Only)*** |
| **Shelter Care:**  |
| # of Days |  | $100.00 | $ |  |  |
| **Detention:**  |
| # of Days |  | $120.00 | $ |  |  |
| **Holdover:**  |
| # of Coordinator Hours |  | $15.00 | $ |  |  |
| # of Attendant Care Hours |  | $10.00 | $ |  |  |
| # On-Call Stipends |  | $25.00 | $ |  |  |
| **Transportation:**  |
| # of Miles |  | $0.42 | $ |  |  |
| # of Hours |  | $10.00 | $ |  |  |
| # of Breakfasts |  | $6.00 | $ |  |  |
| # of Lunches |  | $11.00 | $ |  |  |
| # of Dinners |  | $15.00 | $ |  |  |
| **Electronic Monitoring :** |
| # of Passive Days |  | $5.00 | $ |  |  |
| # of Active Days |  | $15.00 | $ |  |  |
| Equipment |  | Actual | $ |  |  |
| **TOTAL:** |  |  | $ |  |  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit to: Bridget Coppersmith, Juvenile Justice Specialist; 3200 East Highway 34, Pierre, SD 57501

#### Transportation Reimbursement Documentation

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Juvenile: | Date of Birth: | Purpose of Transport: | Departed From (city name): | Transported To (facility & city name): | Name(s) of Transporter(s): | Date: | Time Begun: | Time Ended: | Total Hours: | # MealsB / L / D | # Miles |
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| **TOTALS:** | **Hours:** | **# Meals:****B:#****L:#****D:#** | **Miles:** |

**Transporter Reimbursement: $10.00/hour**

**Mileage Reimbursement: $0.42/mile**

**Meal allowances: Leave Before: Return After:**

Breakfast - $6.00 5:31AM 7:59AM

Lunch - $11.00 11:31AM 12:59PM

Dinner - $15.00 5:31PM 7:59PM

### HOLDOVER REIMBURSEMENT DOCUMENTATION – Holdover Coordinator

### Holdover Coordinator

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Coordinator: | Date: | Start Time: | End Time: | Total Hours Worked: | Rate Per Hour: |
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| 2) |  |  |  |  |  |
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| **TOTAL:** | Hours:# | Reimbursement: $ |

**Coordinator Reimbursement: (up to) $15/hour**

**HOLDOVER REIMBURSEMENT DOCUMENTATION – Attendant Care and On-call Stipend**

### Attendant Care

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Juvenile: | Date In: | Time In: | Date Out: | Time Out: | Name of Attendant(s) | Date Started: | Time Started: | Date Ended: | Time Ended: | On-Call Stipend: |
| 1) |  |  |  |  | 1) |  |  |  |  |  |
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| 2) |  |  |  |  | 2) |  |  |  |  |  |
| **Totals:** | Attendant Care Hours:# | Rate Per Hour:$ | On-Call Stipends:# |

**Attendant Care Reimbursement: (up to) $10/ hour**

**On-call Stipend Reimbursement: (up to) $25/person**