

**Mississippi Department of Human Services  
Division of Youth Services  
OYDC**

**Workforce Application**

Date:

Name of Student:

Stage:

Risk Level:

Counselor Making Recommendation:

Reason for Recommendation (include progress made toward treatment goals):

- |   |   |
|---|---|
| <input type="checkbox"/> No History of Violent Crime                | <input type="checkbox"/> No history of escape in last 2 years |
| <input type="checkbox"/> No Major Violations in Past 30 days        | <input type="checkbox"/> At facility at least 6 weeks         |
| <input type="checkbox"/> 4 weeks or more left on current Commitment |   |

Selection Committee Meeting Date:

Selection Committee Comments:

Approved by Majority Vote of Selection Committee:    YES            NO  
Selection Committee Signatures:

_____	_____
_____	_____
_____	_____

Facility Administrator Approval:                            YES            NO

Facility Administrator Signature:

Date: