



# COMMUNITY ADVOCACY APPLICATION

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

## I. Organization Information

Organization Name	Other Organization Name Used		
Organization Address	City	State	Zip
Organization Website Address	Work Phone #	Fax #	

## II. Chief Executive Officer Information

Name (Chief Executive Officer)			
Chief Executive Office Address	City	State	Zip
Email Address	Primary Phone #	Fax #	

## III. Indicate who the organization's primary function will benefit: (Check all that apply)

Children   
 Persons with Mental Illness   
 Inmates   
 Victims of Sexual Assault  
 Girls and Women   
 Boys and Men   
 Other \_\_\_\_\_

## IV. Supporting Documentation

<b>FOR CHARITABLE ORGANIZATIONS</b>	Indicate the document(s) you have attached that demonstrate your organization's primary function.  <input type="checkbox"/> Articles of Incorporation (required)  <input type="checkbox"/> Bylaws  <input type="checkbox"/> Printed materials (pamphlets, information)  <input type="checkbox"/> Other official documentation	<b>FOR GOVERNMENTAL ENTITIES</b>	Indicate the document(s) you have attached that authorize the individual(s) named below to represent your local/state governmental entity.  <input type="checkbox"/> Written authorization from the Chief Executive Officer on organization's letterhead. (required)  <input type="checkbox"/> Other official documentation
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## V. Authorized Representatives (Name of each person seeking access to TJJD facilities.)

Each authorized representative must submit an Individual Advocate Application form VLS-006 Check if 24-hour access is required

1.	_____	_____	<input type="checkbox"/>
	Name	Position	
2.	_____	_____	<input type="checkbox"/>
	Name	Position	
3.	_____	_____	<input type="checkbox"/>
	Name	Position	
4.	_____	_____	<input type="checkbox"/>
	Name	Position	
5.	_____	_____	<input type="checkbox"/>
	Name	Position	
6.	_____	_____	<input type="checkbox"/>
	Name	Position	
7.	_____	_____	<input type="checkbox"/>
	Name	Position	
8.	_____	_____	<input type="checkbox"/>
	Name	Position	
9.	_____	_____	<input type="checkbox"/>
	Name	Position	
10.	_____	_____	<input type="checkbox"/>
	Name	Position	



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## VI. Description of Services and Special Accommodations

Specifically describe the type of services and support organization's intends to provide to youth in TJJD facilities. Identify any special accommodations your representatives are likely to request.

See Attached

## VII. 24-Hour Access

If 24-hour access to residential facilities is necessary to perform the organization's primary function, please provide a detailed justification.

See Attached

## VIII. TJJD Facility Please indicate the TJJD facilities for which you are requesting access:

- |   |   |
|---|---|
| <input type="checkbox"/> Evins Regional Juvenile Center, Edinburg | <input type="checkbox"/> Ayres House, San Antonio     |
| <input type="checkbox"/> Gainesville State School, Gainesville    | <input type="checkbox"/> Beto House, McAllen          |
| <input type="checkbox"/> Giddings State School, Giddings          | <input type="checkbox"/> Cottrell House, Dallas       |
| <input type="checkbox"/> McLennan County State JCF, Mart          | <input type="checkbox"/> Edna Tamayo House, Harlingen |
| <input type="checkbox"/> Ron Jackson State JCC, Brownwood         | <input type="checkbox"/> McFadden Ranch, Roanoke      |
| <input type="checkbox"/> All TJJD Facilities                      | <input type="checkbox"/> Schaeffer House, El Paso     |
|   | <input type="checkbox"/> Turman House, Austin         |
|   | <input type="checkbox"/> Willoughby House, Fort Worth |
|   | <input type="checkbox"/> York House, Corpus Christi   |

### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

- I certify that the statements made in this community advocacy application are true and correct, and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for revocation of access to TJJD.
- I understand that neither my organization nor any representative thereof will receive any compensation from TJJD.
- I understand that any violation of the Community Advocate Agreement may result in revocation of access to TJJD.

Chief Executive Officer Signature:  X  Date: \_\_\_\_\_

Submit the completed application to only one of the following locations:

Fax to: 512-490-7712

Email to: [tammy.holland@tjjd.texas.gov](mailto:tammy.holland@tjjd.texas.gov) (pdf only)

Mail to: Tammy Holland  
TJJD Manager of Family, Community, and Chaplaincy Programs  
P.O. Box 12757  
Austin, Texas 78711

Questions: Call Tammy Holland at 512-490-7090

- With few exceptions, you are entitled, upon request, to be informed about the information that the Texas Juvenile Justice Department collects about you.
- Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.
- Under Section 559.004 of the Texas Government Code, you are entitled to have the Texas Juvenile Justice Department correct any information that is incorrect.