**Healthy Juvenile Justice**

 **Success Story Suggestion Form**

**Staff Name:**

**Facility Name:**

**Site Name(s):**

**Organization Name (if applicable):**

**Primary Site Contact Name: Site Contact Title:**

**Site Contact Phone: Site Contact Email:**

**Site Address: City, State, ZIP:**

1. **What Healthy Juvenile Justice standard or practice (if applicable) does this story align to?**
2. **Why do you think this story is interesting?**
3. **Tell us the story!** (Don’t worry about spelling, grammar or having complete sentences but tell us

everything you think we need to know. Include when it took place, who was involved, what steps were taken, challenges they overcame, etc.)

1. **What were the results of this success? Please be specific as you can.**
2. **Resources used:**
3. **How did the Alliance for a Healthier Generation help with this success?**
4. **Quotes from parents, youth, site staff, or site leadership** (Please include name, title and

organization (if applicable), and age for youth):

1. **Did you take any photos or gather any other documentation?**  If yes, please describe. Please make sure you collect an Alliance Consent & Release Form from any individuals pictured in photos.

**Please submit completed form to** **lori.golden@healthiergeneration.org****.**