|  |
| --- |
| **DEMOGRAPHICS** |
|  |
| Name: |  | Date of Birth: |  |
|  |  |  |  |  |  |  |  |
| Gender: |  |  | Weight: |  |  | Height: |  |  |
|  |  |  |  |  |  |  |  |  |
| Parent/Legal Guardian Name: |  |
|  |  |
| Address: |  |
|  |  |
| Home Phone: |  | Work Phone: |  | Cell Phone: |  |
|  |  |  |  |  |  |  |  |
| Living Situation at Referral: |
| [ ]  | Single Mother | [ ]  | Step-Parent only | [ ]  | Neighbor/Friend |
| [ ]  | Single Father | [ ]  | Grandparents | [ ]  | Hospital |
| [ ]  | Both Parents - biological | [ ]  | Other Relative | [ ]  | Youth Development Centers |
| [ ]  | Both Parents - adoptive | [ ]  | Foster Home | [ ]  | Independent Living Program. |
| [ ]  | Parent/Step-Parent | [ ]  | Group Home | [ ]  | Other: |  |
|  |
| **REFERRING AGENCY:** |
|  |
| Service Worker Name: |  |
|  |  |
| Agency: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Work Phone: |  |  | Cell Phone: |  |  |
|  |  |  |  |  |  |
|  |
| ***Placement in a residential facility has been discussed with the youth and family prior to, or during, the referral process.*** |
| Explained by: |  | Position: |  | Date: |  |
|  |  |  |  |  |  |
| **Exclusionary Criteria:** |  |
|  | [ ]  Actively suicidal |
|  | [ ]  Actively homicidal | [ ]  Substance/alcohol intoxication requiring detoxification |
|  | [ ]  Full I.Q. 70 or below | [ ]  Psychotic/Mood episodes not controlled by medication |
|  | [ ]  If disposed as sexual predator and assessment identifies as moderate or high risk; must have successfully |
|  |  | completed treatment program for sexual offenders and is deemed low or minimum risk for reoffending |
|  | [ ]  Unable to independently navigate/physically negotiate in a rural, rustic, outdoor setting. |
| **REFERRAL BEHAVIORS** (in last 12 months) |
|  |
| [ ]  | Runaways (#):  |  | [ ]  | Rule breaking | [ ]  | Insomnia |
| [ ]  | Kicked out of home(#):  |  | [ ]  | Lying | [ ]  | Hyperactive |
| [ ]  | Court finding of neglect | [ ]  | Truancy | [ ]  | Cruelty to animals |
| [ ]  | Compliant with house rules | [ ]  | Vandalism | [ ]  | Cruelty to others |
| [ ]  | Negative Peer Relationships | [ ]  | Resentment of authority | [ ]  | Encopresis (soiling) |
| [ ]  | Family Gang member | [ ]  | Acts without weighing consequences | [ ]  | Enuresis (wetting) |
| [ ]  | Belongs to a gang | [ ]  | Expresses belief that rules do not apply to him/her | [ ]  | Stealing from family members |
| [ ]  | Associates with gang members | [ ]  | Hostile interpretation of actions and intentions of others | [ ]  | Stealing from others outside of family |
| [ ]  | Physical aggression against family members | [ ]  | Not involved in structured recreational activities | [ ]  | Fire Setting |
| [ ]  | Physical aggression against peers | [ ]  | Not involved in non-structured recreational activities | [ ]  | Breaking curfew |
| [ ]  | Physical aggression against other adults | [ ]  | Decline in interest in positive leisure pursuits | [ ]  | Self-injurious behavior |
| [ ]  | Object aggression | [ ]  | Suicidal ideation | [ ]  | Expresses feelings of anxiety |
| [ ]  | Verbal aggression | [ ]  | Suicidal gesture | [ ]  | Dependence on parents |
| [ ]  | Sexually reactive behaviors | [ ]  | Suicide attempt | [ ]  | Dependence on friends |
| [ ]  | Sexually aggressive behavior | [ ]  | Homicidal ideation | [ ]  | Lack of friends |
| [ ]  | Physical posturing/threats | [ ]  | Homicidal gesture | [ ]  | Fears that impact functioning |
| [ ]  | Verbal posturing/threats | [ ]  | Homicidal attempt | [ ]  | Substance use |
| [ ]  | Temper tantrums to avoid problem | [ ]  | Depression - withdrawn | [ ]  | Substance abuse |
| [ ]  | Temper tantrums to keep others away | [ ]  | Depression – sadness, tearfulness | [ ]  | Alcohol use |
| [ ]  | Temper tantrums as a result of inadequate emotional control | [ ]  | Easily distracted from task | [ ]  | Alcohol abuse |
| [ ]  | Bullying others | [ ]  | Irritability | [ ]  | Property destruction |
| [ ]  | Acts without weighing consequences of actions | [ ]  | Poor concentration | [ ]  | Ambivalent gender identity |
|  |  |  |  |  |  |
| **FAMILY CHARACTERISTICS** |
|  |  |  |  |  |  |
| [ ]  | Excessive discipline | [ ]  | Reported child neglect | [ ]  | Death of family member |
| [ ]  | Minimal discipline | [ ]  | Reported child abuse | [ ]  | Loss of employment |
| [ ]  | Minimal supervision | [ ]  | Drug use | [ ]  | Loss of home |
| [ ]  | Over-protectiveness | [ ]  | Drug abuse | [ ]  | Health problems |
| [ ]  | Sexual abuse of youth | [ ]  | Alcohol use | [ ]  | Suicide attempts |
| [ ]  | Family violence | [ ]  | Alcohol abuse | [ ]  | Mental Health history |
| [ ]  | Neglect of youth | [ ]  | Family member incarcerated | [ ]  | Family member involved in legal system |
|  |
| **MARITAL STATUS (of biological parents)** |
|  |  |  |  |  |  |
| [ ]  | Married | [ ]  | Separated | [ ]  | Father married |
| [ ]  | Divorced | [ ]  | Widowed | [ ]  | Both parents remarried |
| [ ]  | Never married | [ ]  | Mother married |  |  |
|  |
| **MEDICAL CHARACTERISTICS** |
|  |
| [ ]  | Allergies | [ ]  | Food: |  |
| [ ]  | No Known Allergies | [ ]  | Medicine : |  |
|  | [ ]  | Environmental: |  |
|  | [ ]  | Asthma |  |
|  | [ ]  | Allergen not known |  |
|  |
| [ ]  | Comprehensive Physical Examination in last 180 days prior to admission | Date: |  |
|  |  |  |  |  |  |  |  |
| [ ]  | Tuberculosis screening within past 180 days prior to admission | Date: |  |
|  |  |
| [ ]  | Current immunization record |  |  |
|  |  |  |  |  |  |  |
| [ ]  | Dental examination within 365 days prior to admission | Date: |  |
|  |  |  |  |  |  |
| [ ]  | Current medications (include psychotropic medications): |  |
|  | **Type** |  | **Dosage if known** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| Name of Attending Physician: |  |
| Phone Number: |  |  |
|  |
| **MENTAL HEALTH** |
|  |
| [ ]  | Mental health problems in the past |  |
| [ ]  | No mental health problems in the past |  |
|  |
|  | **Diagnosed** | **Current Treatment** | **Past** **Treatment** | **Current Medication** | **Past Medication** |
| Psychosis | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Bipolar | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other Mood | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Thought Disorder | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Behavior Disorder | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
|  |
| **LEGAL** |
|  |
| [ ]  | Yes | Previous Delinquent/Criminal Offenses |
| [ ]  | No |  |
|  |  |
|  | Age at first arrest or referral for delinquent/criminal offenses |
|  |  |
|  | Number of offenses that resulted in adjudication/conviction or adjudication withheld |
|  |  |
|  | Felony-level offenses that resulted in adjudication/conviction or adjudication withheld |
|  |  |
|  | Total number of misdemeanor *and* felony offenses against another person that resulted in adjudication/conviction or adjudication withheld |
|  |  |
|  | Total number of felony offenses against another person that resulted in adjudication/conviction or adjudication withheld |
|  |  |
|  | Number of violations of probation or conditional release: |
|  | Types: |
|  | [ ]  | Technical | [ ]  | New Offense | [ ]  | Absconder |
|  |  |
|  | Number of times placed on probation: |
|  |  |
|  | Number of detention confinements |
|  |  |
|  | Number of foster care, emergency shelter placements by the state social services agency |
|  |  |
|  |
| **Reasons for contact with JJ** | **Dispositions** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
|  |