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| **DEMOGRAPHICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Parent/Legal Guardian Name: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Home Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Work Phone: | | | | | | | | | | | | | | |  | | | | | | | | | | Cell Phone: | | | | | | | | | | | | |  | | | |
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| 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: | | | | | | | |  | | | | | | | | | |
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| **REFERRING AGENCY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Service Worker Name: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Work Phone: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Cell Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ***Placement in a residential facility has been discussed with the youth and family prior to, or during, the referral process.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explained by: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Position: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Married | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Separated | | | | | | | | | | | | | | | | | | |  | | | | | | | | Father married | | | | | | | | | | | | | |
|  | Divorced | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Widowed | | | | | | | | | | | | | | | | | | |  | | | | | | | | Both parents remarried | | | | | | | | | | | | | |
|  | Never married | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Mother married | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
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| **MEDICAL CHARACTERISTICS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Allergies | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Food: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No Known Allergies | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Medicine : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Asthma | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Comprehensive Physical Examination in last 180 days prior to admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | |  | | | |
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|  | Tuberculosis screening within past 180 days prior to admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | |  | | | | | | | | | | | | |
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|  | Current immunization record | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | Dental examination within 365 days prior to admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | | | |  | | | | | | | | | | | | |
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|  | Current medications (include psychotropic medications): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Type** | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Dosage if known** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Name of Attending Physician: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MENTAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Mental health problems in the past | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No mental health problems in the past | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | **Diagnosed** | | | | | | | | | | **Current Treatment** | | | | | | | | | | | | | | **Past**  **Treatment** | | | | | | | | | | | **Current Medication** | | | | | | | | | | | | | **Past Medication** | | | | | | |
| Psychosis | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Bipolar | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Other Mood | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Thought Disorder | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Behavior Disorder | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
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| **LEGAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Yes | | | | | Previous Delinquent/Criminal Offenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Age at first arrest or referral for delinquent/criminal offenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Number of offenses that resulted in adjudication/conviction or adjudication withheld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Number of violations of probation or conditional release: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Types: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Number of times placed on probation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Number of detention confinements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | Number of foster care, emergency shelter placements by the state social services agency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reasons for contact with JJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Dispositions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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