

CCSO Juveniles At Risk Intake Form

Phone: 239-252-0900

Fax: 239-252-8700

This form was completed by: _____ Admission Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Age _____ Date of Birth (Month Day Year) ____/____/____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Ethnicity: Haitian Hispanic Jamaican Non-Hispanic

Race: Alaskan Native American Indian Asian Black Pacific Islander White

School: _____ Grade Level: _____ Student ID Number: _____

Parent/Guardian Name: _____ Relationship to youth: _____

Phone Number: _____ Cell Number: _____ Work Number: _____

Family Structure:

- Foster Care Lives with Single Father- Other
 Lives with Non-relatives Lives with Single Mother Lives with Step-Parent
 Lives with Relatives Lives with Two Parents

Youth was referred by:

- DCF DJJ Self or Family School Judiciary or State Attorney
 Other Criminal Justice Agency (Not DJJ) Other Social Services (Not DCF) Other: _____

Parent Participation Contract

I agree for _____ to participate in the Juveniles At Risk Prevention program.

I agree to provide transportation to all events, activities and workshops related to this program.

I agree to participate in all meetings and parental workshops associated with or offered through this program. If I am unable to attend a workshop or educational session, I will make this component up during the next available workshop.

I agree to cooperate with the mentoring deputies suggested interventions and educational workshops designed to assist both parent and child in learning and implementing new skills and tools.

I fully understand that as a parent, my cooperation is necessary in achieving success through this program. My failure to participate in any aspect of this program could hinder the effectiveness of the tools and workshops provided.

Parent / Guardian Signature

Date

RISK ASSESSMENT:

Based on observations, interviews with the youth and representatives from the youth's school, is the youth ...

SCHOOL	Attendance	Skipping classes 3 or more times in the last 60 days?	___ Yes ___ No
		Habitual/Chronic Truant (more than 15 absences in 90 days)?	___ Yes ___ No
		Currently suspended?	___ Yes ___ No
	Behavior	Currently expelled?	___ Yes ___ No
		Suspended within current or previous school year?	___ Yes ___ No
		Expelled within current or previous school year?	___ Yes ___ No
Academic	Failing one or more classes within the past 6 months?	___ Yes ___ No	
	Ever held back/failed a grade level?	___ Yes ___ No	
	Learning disabilities or mental illness? (ADD, ADHD, Dyslexia, SED, EH, LD, etc.)	___ Yes ___ No	
FAMILY	Parents	Parent/guardian having difficulty controlling youth's behavior?	___ Yes ___ No
		Have unclear or no limits or rules regarding the child's behavior?	___ Yes ___ No
	History	Cannot state where or with whom child spends free time?	___ Yes ___ No
		Have documented instances of child abuse/neglect (physical, emotional, or sexual)?	___ Yes ___ No
		Physical evidence of abuse or neglect of the youth?	___ Yes ___ No
	Influence	Had prior or current DCF involvement?	___ Yes ___ No
Parent, guardian, or sibling has prior criminal record?		___ Yes ___ No	
SUBST.	ABUSE	Used tobacco 3 or more time in the last 30 days?	___ Yes ___ No
		Used drugs / alcohol 3 or more times in the last 30 days?	___ Yes ___ No
		Been charged with drug-related offence?	___ Yes ___ No
BEHAVIOR	Stealing	Has youth stolen from the family, house or neighbors?	___ Yes ___ No
		Run away from home once for an extended period? (One day or more)	___ Yes ___ No
	Running Away	Run away from home 3 or more times in the past? (Habitual)	___ Yes ___ No
		Self-admitted or suspected to be a gang member or involved in gang activity?	___ Yes ___ No
	Gangs	Identified by law enforcement as gang member?	___ Yes ___ No
		Associated with youth involved with serious/delinquent behavior or record? Ever been arrested?	___ Yes ___ No
MENTAL HEALTH	Is youth currently receiving mental health counseling?	___ Yes ___ No	
	Has youth received mental health counseling in the past?	___ Yes ___ No	
	Has youth ever been Baker Acted?	___ Yes ___ No	

Reason for Referral (please be specific):
