

JUVENILE JUSTICE INITIATIVE

CLIENT INTAKE

PLEASE COMPLETE ALL BOXES

REPORT FOR PERIOD ENDING (MONTH/YEAR):

| | | | |
|---------------------------|---------------|--|----------------------------------|
| A. TYPE OF CLIENT: | PIIP: | <input type="radio"/> Post-Institutional | <input type="radio"/> Prevention |
| | Other: | <input type="radio"/> Post-Institutional | <input type="radio"/> Prevention |

| | | | |
|-----------------------------|-----------------------------|----------------------------|----------------------------|
| B. REPORTING AGENCY: | <input type="radio"/> FCA | <input type="radio"/> FP | <input type="radio"/> YES |
| | <input type="radio"/> REACH | <input type="radio"/> WCIC | <input type="radio"/> GCBG |

| | |
|-------------------------------------|----------------------|
| C. INTAKE DATE: (MM/DD/YYYY) | <input type="text"/> |
|-------------------------------------|----------------------|

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|--------------------|---------------------------|--------------------------|
| D. RE-ADMIT | <input type="radio"/> Yes | <input type="radio"/> No |
|--------------------|---------------------------|--------------------------|

| | | |
|---|---|--|
| E. SOURCE OF REFERRAL: | | |
| <input type="radio"/> Lawyer | <input type="radio"/> High School | <input type="radio"/> Project 350 |
| <input type="radio"/> Nassau County Correctional Center | <input type="radio"/> Self | <input type="radio"/> Criminal Court |
| <input type="radio"/> Parent/Guardian | <input type="radio"/> Probation/Fail | <input type="radio"/> Friend |
| <input type="radio"/> Other Relative | <input type="radio"/> Youth Board | <input type="radio"/> Dept. of Social Services |
| <input type="radio"/> Elementary School | <input type="radio"/> Police Department | Other Agency <input type="text"/> |
| <input type="radio"/> Middle School | <input type="radio"/> Juvenile Detention Center | Other <input type="text"/> |

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| F. AGENCY CLIENT CODE | <input type="text"/> |
|------------------------------|----------------------|

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|-------------------------------|----------------------|
| G. INITIALS OF CLIENT: | <input type="text"/> |
|-------------------------------|----------------------|

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|--------------------------------------|---------------------------|--------------------------|
| H. PRESENTLY ATTENDING SCHOOL | <input type="radio"/> Yes | <input type="radio"/> No |
|--------------------------------------|---------------------------|--------------------------|

| | | |
|--------------------------------------|---------------------------------------|--|
| I. GRADE: | (Specify ----->) | <input type="text"/> |
| -OR- | | |
| <input type="checkbox"/> GED: | <input type="checkbox"/> Dropped Out: | <input type="checkbox"/> Vocational Pr |
| <input type="checkbox"/> HS Graduate | <input type="checkbox"/> College | |

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| J. AGE: | <input type="text"/> |
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| | |
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| K. DATE OF BIRTH (MM/DD/YYYY): | <input type="text"/> |
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| | | |
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| L. GENDER: | <input type="radio"/> Male | <input type="radio"/> Female |
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M. RACE/ETHNICITY

- White (non-Hispanic) Asian/Pacific Islander Other
- African American Native American
- Hispanic Don't Know/Refused Unkown

N. HOME COMMUNITY:**O. YOUTH PRESENTLY EMPLOYED:**

- Yes No

P. WHAT ARE THE PROBLEMS OF THE CLIENT AT INTAKE ASSESSMENT? (Check all that apply)FAMILY:

- Family conflicts
 Family member alcohol/drug problem
 Parent/Child Conflicts
 Domestic Violence

HEALTH:

- Drug/Alcohol problem
 Medical problem
 HIV/AIDS/STD
 Pregnancy

ABUSE/NEGLECT:

- Physical
 Emotional/Verbal
 Sexual

MENTAL HEALTH:

- Depression
 Bereavement
 Poor self-esteem
 Suicide (only if specifically mentioned)
 Relationships with peers
 Emotionally Disturbed

SCHOOL:

- Academics
 Truancy
 Acting out behaviors
 Advocacy
 Violence

OTHER:

- Gang involvement
 Employment
 Housing
 Legal

Other: **Q. HAS YOUTH EVER RUN AWAY OR BEEN HOMELESS?**

- Yes No

R. LIVING SITUATION AT TIME OF INTAKE

- Home with parents/guardian Group home Hospital
- Relative's home (specify) Independent living Residential facility
- Friend or unrelated adult Detention Center/Jail Other:
- Foster home

S. OFFENSES PRIOR TO PROGRAM ENTRY:

CHECK ALL THAT APPLY. PLEASE INCLUDE ALL PREVIOUS OFFENSES

| | <u>ARREST</u> | <u>CONVICTION</u> | <u>FELONY</u> | <u>MISDEMEANOR</u> | <u>PINS</u> | <u>VIOLATION</u> |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ALCOHOL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ARSON | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ASSAULT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AUTO THEFT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BURGLARY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DISORDERLY CONDUCT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LARCENY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NARCOTICS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ROBBERY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SEX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TRAFFIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UNGOVERNABLE BEHAVIOR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WEAPONS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THREATENING ENDANGERING BEHAVIOR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PROPERTY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If other offense, please describe it here

T. FACILITY OF PLACEMENT (prior to program entry)

Office of Children's and Family Services

Nassau County Correctional Center

Juvenile Detention Center

LIAFS

St. Mary's

Lake Grove

Other (specify)

No Placement

U. NUMBER OF TIMES INCARCERATED OR IN PLACEMENT FACILITIES:

V. LENGTH OF TIME IN FACILITY: (Number of Months- total if more than 1 placement)

W. IS YOUTH ON PROBATION? Yes No

X. LENGTH OF PROBATION: (Number of Months)

Y. IS YOUTH ON PAROLE? Yes No

Z. IS THE CLIENT FROM A SINGLE-PARENT FAMILY? Yes No

NAME OF PERSON COMPLETING THE REPORT:

DATE COMPLETED:

** These reports must be submitted on a monthly basis. Please submit no later than the 15th of the following month.

TERMINATION DATE (MM/DD/YYYY)