



**PRE-PLACEMENT
INFORMATION**

				TYPE OF INTAKE		REGION	
				COUNTY OF COMMITMENT		JUVIS NUMBER	
YOUTH'S NAME				JRA NUMBER		DATE OF BIRTH	
RACE		YOUTH PRIMARY LANGUAGE				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	COMPLEXION	PLACE OF BIRTH (City, State, County)		
COMMITTING OFFENSE/OFFENSE BEHAVIOR				COURT ORDER NUMBERS			
LENGTH OF SENTENCE			NUMBER OF DAYS CREDIT		RISK ASSESSMENT INSTITUTION (RAI) SCORE		
PENDING CHARGES							
PARENT/GUARDIAN NAME			RELATIONSHIP		TELEPHONE NUMBER		CELL PHONE NUMBER
STREET ADDRESS			CITY		STATE		ZIP CODE
PARENT/GUARDIAN PRIMARY LANGUAGE							

SOURCES OF CONTACT AND INFORMATION (Name/Phone number)

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MENTAL HEALTH SCREEN

DOES THE YOUTH HAVE ANY HISTORICAL SUICIDE/SELF-HARM BEHAVIORS? YES NO IF YES, EXPLAIN:

IS THE YOUTH EXHIBITING CURRENT SUICIDE/SELF-HARM BEHAVIORS? YES NO IF YES, EXPLAIN:

DOES YOUTH HAVE A MENTAL HEALTH DIAGNOSIS? YES NO UNKNOWN IF YES, EXPLAIN:

IS YOUTH CURRENTLY ON MEDICATION? YES NO IF YES, EXPLAIN:

DOES YOUTH HEAR OR SEE THINGS THAT OTHERS DO NOT? YES NO IF YES, EXPLAIN:

SECURITY SCREEN

IS THERE ANY CURRENT ESCAPE TALK, BEHAVIORS, OR ATTEMPTS? YES NO IF YES, EXPLAIN:

HAS THERE BEEN ANY HISTORICAL ESCAPE ACTIVITY WHILE IN COURT ORDERED PLACEMENT, CUSTODY, OR CONFINEMENT?

YES NO IF YES, EXPLAIN:

HAS THERE BEEN ANY DISCIPLINARY ACTION FOR PROBLEM BEHAVIOR WHILE IN DETENTION?

NONE, OR VERY LITTLE PROBLEM BEHAVIOR SOME PROBLEM BEHAVIOR A LOT OF PROBLEM BEHAVIOR

EXPLAIN:

MEDICAL SCREEN

YOUTH HAS A HISTORY OF HEAD TRAUMA OR LONG PERIODS OF UNCONSCIOUSNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, EXPLAIN:			
YOUTH HAS A MEDICAL CONDITION THAT REQUIRES ON-GOING ATTENTION BY A PHYSICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, EXPLAIN:			
ATTENDING PHYSICIAN:		JRA MEDICAL DIRECTOR NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST IDENTIFIED ALLERGIES:		IDENTIFIED MEDICAL TREATMENT IN THE EVENT AN ALLERGIC REACTION OCCURS:	
OTHER MEDICAL CONCERNS OR ISSUES: (I.E: RECENT SURGERIES, PREGNANCY, CONTAGIOUS DISEASE)			
GANG AFFILIATION			
GANG MEMBER OR ASSOCIATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, GANG AFFILIATION:			
DOES CLIENT ACKNOWLEDGE THEIR GANG PARTICIPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NOTES:			
RISK ASSESSMENT INSTITUTION (RAI) QUESTIONS			
PRIOR ASSAULTIVE BEHAVIOR:			
<input type="checkbox"/> NONE <input type="checkbox"/> PRIOR ASSAULTIVE BEHAVIOR <input type="checkbox"/> UNKNOWN			
IMPULSIVE RESPONSE TO FRUSTRATION:			
<input type="checkbox"/> GENERALLY DOES NOT ACT OUT <input type="checkbox"/> FREQUENT HOSTILE OR IMPULSIVE RESPONSES			
<input type="checkbox"/> OCCASIONAL HOSTILE OR IMPULSIVE RESPONSES <input type="checkbox"/> UNKNOWN			
CHEMICAL / ALCOHOL USE:			
<input type="checkbox"/> NON-USE OR NO IMPAIRMENT <input type="checkbox"/> IMPAIRMENT DUE TO CHECMICAL / ALCOHOL USE <input type="checkbox"/> UNKNOWN			
JRA INITIAL PLACEMENT			
COMPUTER ASSIGNED PLACEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACEMENT EXCEPTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, EXPLAIN:	
FACILITY:			
TRANSPORTATION DATE			
PARENT / GUARDIAN NOTIFIED	DATE	TIME	IF NO EXPLAIN
<input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPLETED BY	DATE	TIME	TELEPHONE NUMBER
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