Peparing of Social		PRE-PLACEMENT INFORMATION		TYPE OF INTAKE		F	REGION	
				COUNTY OF COMMITMENT		IITMENT J	UVIS NUMBER	
YOUTH'S NAME				JRA NUMBER		Г	OATE OF BIRTH	
RACE		YOUTH PRIMAR	Y LANGUAGE			C	GENDER Male Female	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	COMPLEXION PL		PLACE OF BIRTH	(City, State, County)	
COMMITTING O	 FFENSE/OFFENS	E BEHAVIOR		COURT ORDER NUMBERS		 MBERS		
LENGTH OF SEN	UMBER OF DAYS C	CREDIT RISK ASSESSMENT INSTITUTION (RAI) SCORE						
PENDING CHARGES								
PARENT/GUARDIAN NAME			RELATIONSHIP	TELEPHONE N		HONE NUMBER	CELL PHONE NUMBER	
STREET ADDRE	SS		CITY	ST			ZIP CODE	
PARENT/GUARDIAN PRIMARY LANGUAGE								
SOURCES OF CONTACT AND INFORMATION (Name/Phone number)								
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:								
LIAC THERE REEN ANY DISCIPLINARY ACTION FOR PROPERM REHAVIOR WHITE IN RETENTIONS								
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							

IF YES, EXPLAIN: YOUTH HAS A MEDICAL CONDITION THAT REQUIRES ON-GOING ATTENTION BY A PHYSICIAN?	YOUTH HAS A HISTORY OF HEAD TRAUMA	OR LONG PERIO	ODS OF UNCON	SCIOUSNESS? TYES TNO				
YOUTH HAS A MEDICAL CONDITION THAT REQUIRES ON-GOING ATTENTION BY A PHYSICIAN?								
ATTENDING PHYSICIAN: JRA MEDICAL DIRECTOR NOTIFIED: YES 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? YES NO IF YES, GANG AFFILIATION: DOES CLIENT ACKNOWLEDGE THEIR GANG PARTICIPATION? YES NO NOTES: RISK ASSESSMENT INSTITUTION (RAI) QUESTIONS PRIOR ASSAULTIVE BEHAVIOR: UNKNOWN IMPULSIVE RESPONSE TO FRUSTRATION: FREQUENT HOSTILE OR IMPULSIVE RESPONSES OCCASIONAL HOSTILE OR IMPULSIVE RESPONSES UNKNOWN CHEMICAL / ALCOHOL USE: UNKNOWN CHEMICAL / ALCOHOL USE: UNKNOWN JRA INITIAL PLACEMENT COMPUTER ASSIGNED PLACEMENT: YES NO PLACEMENT EXCEPTION: YES NO IF YES, EXPLAIN: FACILITY: TRANSPORTATION DATE PARENT / GUARDIAN NOTIFIED DATE TIME IF NO EXPLAIN OCCAMPLETED BY DATE TIME TELEPHONE NUMBER	YOUTH HAS A MEDICAL CONDITION THAT REQUIRES ON-GOING ATTENTION BY A PHYSICIAN? YES NO							
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