

# Crisis Response

## YOUTH DEMOGRAPHICS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Self-reported Race/Ethnicity: \_\_\_\_\_

NE Student ID: \_\_\_\_\_

## CONTACT INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Alternative Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## SCHOOL INFORMATION

\*School Enrollment (pick one):

Enrolled/Attending

Suspended

Expelled

Home schooled

HS Graduate/GED, no college

College Student

Drop Out

Alternative School

Unspecified

\*School name: \_\_\_\_\_

\*Current Grade: \_\_\_\_\_

## FAMILY INFORMATION

Family size: \_\_\_\_\_

Youth Employed: \_\_\_\_\_

Eligible for Free/Reduced Lunch (y/n): \_\_\_\_\_

Family Income (pick one):

\$0-\$9,999

\$10,000-\$24,999

\$25,000-\$39,999

\$40,000 or over

\*Custody/Guardianship (pick one)

Single Parent

Both Parents

Guardian

State  
Ward/Ward of  
the Tribal Court

Lives on  
Own

Interpreter needed?

Yes- youth

Yes- parents

Yes – youth and  
parents

No

If yes, what language? \_\_\_\_\_

## GRANT INFORMATION

File Number: \_\_\_\_\_

\*Grant County: \_\_\_\_\_

Grant #: \_\_\_\_\_

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**LAW ENFORCEMENT**

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\*Law Enforcement Agency:

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\*Location: Residence Jail Community School JJC/JDC Other

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Location, if other:

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Arrival Time:

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Time Crisis Response Called:

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Departure Time:

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**REFERRAL INFORMATION**

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\*Enrollment Date/ Date of Call:

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\*Call Time:

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\*Arrival Time:

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\* Departure Time:

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\*Referral Source (pick one): Law Enforcement Juvenile Assessment  
Center Probation

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**LEGAL INVOLVEMENT**

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Current Legal Involvement (pick one): Diversion Probation Reentry Child Welfare/  
CPS Crossover None

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History of Legal Involvement (pick one): Diversion Probation Reentry Child Welfare/  
CPS Crossover None

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**YOUTH'S INTAKE**

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\*Youth's Current Living Situation (pick one): Lives with Single  
Parent Lives in Two  
Parent Home Foster  
Placement Independent Group  
Home Other

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\*Presenting Situation (pick one): Disorderly/  
Disruptive  
Behavior Parent/  
Child  
Conflict Drug/Alcohol  
Intoxication Runaway  
Behavior Theft/Other  
Property  
Crime Suicide Threat/  
Attempt Threats of  
Violence  
to Others Truancy Self-Harms Resource  
Assistance Action of  
Sexual Nature

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\*Was there an injury? (pick one) No Yes, Youth Yes,  
Parent Yes, Youth &  
Parent Yes, Other

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\*Weapon Involved? (pick one) Yes No

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Who Was Involved in the Presenting Situation? (pick one):

- |                                     |                                     |   |                                       |
|-------------------------------------|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Mother     | <input type="checkbox"/> Father     | <input type="checkbox"/> Sibling              | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other Legal Guardian | <input type="checkbox"/> Other        |

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\*Time Spent with Client (minutes): \_\_\_\_\_

\*Time Spent in Collaboration (minutes): \_\_\_\_\_

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\*Was a Plan Put in Place?

- Yes                       No

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\*Were Parent(s) Involved in Plan?

- Yes                       No

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Notes: