

Crisis Respite

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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Enrolled/Attending | <input type="checkbox"/> Suspended | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Home schooled | <input type="checkbox"/> HS Graduate/GED, no college | <input type="checkbox"/> College Student |
| <input type="checkbox"/> Drop Out | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Unspecified |

*School name: _____

*Current Grade: _____

FAMILY INFORMATION

Family size: _____

Youth Employed: _____ Eligible for Free/Reduced Lunch (y/n): _____

Family Income (pick one):

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> \$0-\$9,999 | <input type="checkbox"/> \$10,000-\$24,999 | <input type="checkbox"/> \$25,000-\$39,999 | <input type="checkbox"/> \$40,000 or over |
|--------------------------------------|--|--|---|

*Custody/Guardianship (pick one)

- | | | | | |
|--|---------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Guardian | <input type="checkbox"/> State Ward/Ward of the Tribal Court | <input type="checkbox"/> 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 #:

REFERRAL INFORMATION

* Enrollment Date/Date of call:

Person Referring:

*Referral Source (pick one):

- | | | | | |
|--|--|--|------------------------------------|--|
| <input type="checkbox"/> Parent/
Guardian | <input type="checkbox"/> Law
Enforcement | <input type="checkbox"/> Probation | <input type="checkbox"/> Diversion | <input type="checkbox"/> Mental Health/
Social Worker |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> School
Administrator | <input type="checkbox"/> Guidance
Counselor | <input type="checkbox"/> Self | <input type="checkbox"/> Other |

LEGAL INVOLVEMENT:

Current Legal Involvement (pick one):

- | | | | | |
|------------------------------------|------------------------------------|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Probation | <input type="checkbox"/> Reentry | <input type="checkbox"/> Child Welfare/
CPS | <input type="checkbox"/> Crossover |
| <input type="checkbox"/> None | | | | |

History of Legal Involvement (pick one):

- | | | | | |
|------------------------------------|------------------------------------|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Probation | <input type="checkbox"/> Reentry | <input type="checkbox"/> Child Welfare/
CPS | <input type="checkbox"/> Crossover |
| <input type="checkbox"/> None | | | | |

YOUTH'S INTAKE

*Youth's Current Living Situation (pick one):

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Lives with Single Parent | <input type="checkbox"/> Lives in Two Parent
home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Placement | <input type="checkbox"/> Independent | <input type="checkbox"/> Group Home |

*Presenting Situation (pick one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Disorderly/ Disruptive
Behavior | <input type="checkbox"/> Suicide Threat/ Attempt | <input type="checkbox"/> Parent/Child Conflict |
| <input type="checkbox"/> Threats of Violence to
others | <input type="checkbox"/> Drug/Alcohol Intoxication | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Action of Sexual Nature | <input type="checkbox"/> Runaway Behavior | <input type="checkbox"/> Self-Harms |
| <input type="checkbox"/> Theft/Other Property
Crime | <input type="checkbox"/> Resource Assistance | <input type="checkbox"/> Other |

Presenting situation if other:

*Was there and Injury? (pick one):

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Youth | <input type="checkbox"/> Yes, Parent |
| <input type="checkbox"/> Yes, Youth &Parent | <input type="checkbox"/> Yes, Other | |

*Weapon Involved?

Yes

No

Youth Participated In (select all that apply):

- Individual Counseling
- Family Counseling
- Behavioral- Contract
- Social Skills
- Academic Skills
- Behavior – Token Economy
- CBT
- Job-Related Skills
- Group Counseling