

# KANSAS JUVENILE INTAKE AND ASSESSMENT SYSTEM

## JUVENILE INTAKE AND ASSESSMENT QUESTIONNAIRE (JIAQ) CHILD/YOUTH REGISTRATION VERSION A97

Date Intake Begins

Time Intake Begins

**YOUTH IDENTIFICATION**

Event Number

Last Name	First Name	Mid Init
Address	SSN	DOB
City	Phone	Age
State	Zip	DL Number
		State DL issued

**PHYSICAL CHARACTERISTICS AND AKA**

AKA/Gang Moniker

Tattoos/Marks

Height (5'8")

Weight (lbs)

Sex 

01=Male		02=Female
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Complexion

ALB=Albino
BLK=Black
DRK=Dark
DBR=Dark Brown
FAR=Fair
LGT=Light
LBR=Light Brown
MED=Medium
MBR=Medium Brown
OLV=Olive
RUD=Ruddy
SAL=Sallow
YEL=Yellow

Hair

BLK=BLACK
BLN=BLOND
BRO=BROWN
GRY=GREY
RED=RED AUBURN
SDY=SANDY
WHI=WHITE
XXX=UNKNOWN

Eyes

BLK=BLACK
BLU=BLUE
BRO=BROWN
GRN=GREEN
GRY=GREY
HAZ=HAZEL
MAR=MAROON
MUL=MULTICOLOR
XXX=UNKNOWN
PNK=PINK

Race

Asian
Black
Indian
White

Multiracial

01=Yes
02=No

Ethnicity

01=Hispanic
02=Nonhispanic

**YOUTH ID ASSIGNMENT AND CLASSIFICATION**

Assign Personal ID (JGK-73-0002)

JO/CINC Designation

01=JO	02=CINC	03=JO/CINC
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3 Letter initials (ex. JGK).- Last 2 digits of DOB (ex. 73). In numerical sequence, this youth's number relative to the number of other youths with same initials and year of birth on this file (i.e., 001 for the 1st youth with these initials and year of birth; 002 for 2nd youth with these initials and year of birth, etc.)

Co-Respondent ID (COR-02-0001)

Sibling ID (SIB-02-0001)

Does youth have prior intakes:

00=No	02=Unknown
01=Yes	03=Ref to Ans

**LAW ENFORCEMENT INFORMATION**

LEO Agency Report No.	Judicial District	County	
	Officer's Name	Date of Arrest	Time of Arrest
	LEO Agency Name		
	LEO City		
	Intake Worker's Name		

# PARENT-GUARDIAN IDENTIFICATION

## BIOLOGICAL or ADOPTIVE FATHER

Last Name	First Name
Address	SSN <span style="float: right;">DOB</span>
City <span style="float: right;">State</span>	ZIP <span style="float: right;">Phone</span>

Employer	Phone
Job Type (Insert code from Job Type List on page 4)	

Identify Job Code	00=Unemployed	03=Volunteer	06=Unknown
	01=Employed	04=Disabled	07=Ref to Ans
	02=Self Employed	05=Retired	

Identify Job Status	01=Part Time	03=Previously Employed	05=Ref to Ans
	02=Full Time	04=Never Employed	06=> than 1 job
			07=Unknown

Race	
Asian	Indian
Black	White

Ethnicity	
01=Hispanic	
02=Nonhispanic	

## BIOLOGICAL or ADOPTIVE MOTHER

Last Name	First Name
Address	SSN <span style="float: right;">DOB</span>
City <span style="float: right;">State</span>	ZIP <span style="float: right;">Phone</span>

Employer	Phone
Job Type (Insert code from Job Type List on page 4)	

Identify Job Code	00=Unemployed	03=Volunteer	06=Unknown
	01=Employed	04=Disabled	07=Ref to Ans
	02=Self Employed	05=Retired	

Identify Job Status	01=Part Time	03=Previously Employed	05=Ref to Ans
	02=Full Time	04=Never Employed	06=> than 1 job
			07=Unknown

Race	
Asian	Indian
Black	White

Ethnicity	
01=Hispanic	
02=Nonhispanic	

# OTHER RESPONSIBLE ADULT WITH WHOM THE YOUTH RESIDES

Last Name	First Name
Address	SSN <span style="float: right;">DOB</span>
City <span style="float: right;">State</span>	ZIP <span style="float: right;">Phone</span>

Employer	Phone
Job Type (Insert code from Job Type List below)	

Identify Job Code	00=Unemployed	03=Volunteer	06=Unknown
	01=Employed	04=Disabled	07=Ref to Ans
	02=Self Employed	05=Retired	

Identify Job Status	01=Part Time	03=Previously Employed	05=Ref to Ans
	02=Full Time	04=Never Employed	06=> than 1 job

Race	
Asian	Indian
Black	White

Ethnicity	
01=Hispanic	
02=Nonhispanic	

Identify relationship of "other caregiver" to youth.	
00=Guardian	18=Other Relative
01=Mother	19=Mother and Other
02=Father	20=Father and Other
03=Biological Parents	21=Girlfriend
04=Adoptive Mother	22=Boyfriend
05=Adoptive Father	23=SRS Group Home
06=Adoptive Parents	24=SRS Foster Home
07=Stepmother	25=Youth Center
08=Stepfather	26=Shelter Facility
09=Pat Grandmother	27=Other Facility
10=Pat Grandfather	28=Homeless
11=Mat Grandmother	29=Spouse
12=Mat Grandfather	30=Self
13=Aunt	31=Friend Alone
14=Uncle	32=Friend with Family
15=Cousin	33=Multiple
16=Brother	34=No Answer
17=Sister	

Job Type List	
00=None	
01=Professional, Technical, Managerial	
02=Clerical & Sales	
03=Service Occupation	
04=Agriculture	
05=Agriculture Processing	
06=Machine Trade	
07=Construction Work	
08=Mechanics	
09=Military	
09.1=Student	
10=Other	
11=Unknown	
12=Ref to Ans	

## FAMILY DEMOGRAPHICS AND FINANCIAL INFORMATION

Identify the adult(s) (i.e., parents), or other responsible person(s) with whom the youth resides. Choose up to four (4).	00=Guardian	18=Other Relative
	01=Mother	19=Mother and Other
	02=Father	20=Father and Other
	03=Biological Parents	21=Girlfriend
	04=Adoptive Mother	22=Boyfriend
	05=Adoptive Father	23=SRS Group Home
	06=Adoptive Parents	24=SRS Foster Home
	07=Stepmother	25=Youth Center
	08=Stepfather	26=Shelter Facility
	09=Pat Grandmother	27=Other Facility
	10=Pat Grandfather	28=Homeless
	11=Mat Grandmother	29=Spouse
	12=Mat Grandfather	30=Self
	13=Aunt	31=Friend Alone
	14=Uncle	32=Friend with Family
	15=Cousin	33=Multiple
	16=Brother	34=No Answer
17=Sister		

How many persons <u>18 YOA and older</u> reside in household?	00=None
	01=1
	02=2
	03=3
	04=4
	05=5
	06=6
	07=7
	08=8
	09=9
	10=10
	11=More than 10
	12=Unknown
13=Ref to Ans	

How many persons <u>under 18 YOA</u> reside in household?	00=None
	01=1
	02=2
	03=3
	04=4
	05=5
	06=6
	07=7
	08=8
	09=9
	10=10
	11=More than 10
	12=Unknown
13=Ref to Ans	

Family's primary income source. 3 allowable	00=None	09=SSI Death Benefits
	01=Parents employment	10=SSI Disability Benefits
	02=Father's employment	11=Student Loans
	03=Mother's employment	12=Unemployment
	04=Other Adult's employment	13=Veterans Benefits
	05=Child Support	14=Workers Compensation
	06=Food Stamps	15=Other Support
	07=Aid to Dependent Children	16=Ref to Ans
	08=Medicaid	17=Unknown

Other Income for family - describe

Family financial status	00=None	08=40,000-44,999
	01=0-9,999	09=45,000-49,999
	02=10,000-14,999	10=50,000-59,999
	03=15,000-19,999	11=60,000-69,999
	04=20,000-24,999	12=70,000 & over
	05=25,000-29,999	13=Unknown
	06=30,000-34,999	14=Ref to Ans
	07=35,000-39,999	

### Family Narrative

Describe any characteristics of the family which are relevant to the intake decision.

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## OFFENSE INFORMATION

Offense Description	K.S.A. Anticipatory Class 00=None 01=Attempt 02=Conspir. 03=Solicit. 04=Unknown	Offense Type 01=Fel 02=Mis	Person (P) Nonperson (NP)	Drug (D) NonDrug (ND)	Grid Level 00=Off grid 01-10=Level 11=Mis	No. of Offenses

Did this youth, or another youth, have a firearm or weapon other than a firearm, at time taken into custody.	<b>FIREARM</b>
	00=No
	01=Yes
	02=in other youth's poss
	03=Unable to determine

Did this youth, or another youth, have a firearm or weapon other than a firearm, at time taken into custody.	<b>WEAPON</b>
	00=No
	01=Yes
	02=in other youth's poss
	03=Unable to determine

Identify Co-respondents in this case	00=No
	01=Yes
	02=Unknown

Can this youth be charged as an adult?	00=No
	01=Yes
	02=Unknown

Was victim injured?	00=No
	01=Yes
	02=Unknown

Identify the custody criteria on which this youth was taken into custody. Choose all that apply.	01=Officers View	05=Prob cause misd runaway
	02=Warrant	06=Prob cause misd lost evidence
	03=Warrant bel to exist	07=Electronic Monitor Violation
	04=Prob Cause Fel	08=Arrest by Court Services

Identify the criteria on which this youth was detained. Choose all that apply. "Serious felony" means an offense which would be an A, B, or C felony if committed prior to 7/1/93; or off grid felony, nondrug severity level 1-5 felony, drug level 1-3 felony or sex offense as described in Article 35, Chapter 21 K.S.A. if committed after 7/1/93. Applies only to those youth placed in secure detention.	00=Not Detained
	01=Fugitive
	02=Arrested for serious felony
	03=Awaiting court on felony
	04=Record of FTA probable cause
	05=History of violent behavior
	06=Exhibited assaultive/destructive behavior and behavior continued
	07=Exhibited self-destructive behavior and behavior continued
	08=Adj one or more fel offenses
	09=Expelled from nonsecured facility on current offense
10=Other including local criteria	

Briefly describe the essential details of the immediate event which resulted in intake and assessment.

## CINC DEFINITION AND CUSTODY INFORMATION

Indicate the CINC definition for this youth. 8 allowable.	01=W/O Par care not finan means
	02=W/O Par Care Phys, Ment, Emo Health
	03=Phys Abu/Neg; Ment, Emo, Sex Abuse
	04=Placed for care or adoption unlawfully
	05=Abandoned or no living parent
	06=Not attending school
	07=Commits status offense except exclusions
	08=Under 10 and commits misd or fel
	09=Absent from home w/o consent
	10=Absent 2nd X from Crt order placement
	11=Same res as vic of abuse/neglect

Describe rationale for LEO taking youth into custody. 4 allowable	01=LEO/CSO possesses a court order
	02=LEO/CSO believes a court order exists
	03=LEO believes youth a CINC and leaving youth at residence would bring harm
	04=LEO has probable cause to believe youth a missing person from another state
	05=Absent from home without consent
	06=Caregiver refuses custody
	07=Other

Briefly describe essential details of immediate event which resulted in intake & assessment.

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# PRIOR RECORD OF LEO, COURT, OR INTAKE CONTACT

Does youth have prior arrests?	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Name of LEO agency with prior history	
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City and State of prior arrests	
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Prior Arrest Notes:

Has youth ever been adjudicated as a JO	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Has youth ever been adjudicated as a CINC	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Youth currently supervised by: 3 allowable	00=Not Currently Supervised
	01=Community Corrections
	02=Court Services
	03=SRS Non Custody
	04=SRS Custody
	05=Unknown
	06=Ref to Ans
	07=Out of State
	08=Other In State

County	

Worker's Name	

Indicate the youth's status on the following (2 allowable):

Probation	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

SRS Out-of-Home Placement	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans



# SCHOOL INFORMATION

USD #	School Name
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School Type	00=None		04=Alternative School
	01=Public		05=Unknown
	02=Home School		06=Ref to Ans
	03=Private		

Current Grade	00=NA
	KI=Kindergarten
	PS=Preschool
	HD=Headstart
	01=1st
	02=2nd
	03=3rd
	04=4th
	05=5th
	06=6th
	07=7th
	08=8th
	09=9th
	10=10th
11=11th	
12=12th	
13=Post HS	

Currently Enrolled	00=No
	01=Yes
	01.1=Summer Break
	02=Unknown
	03=Ref to Ans

GED Status	00=NA
	01=In Progress
	02=Completed
	03=Unknown
04=Ref to Ans	

Youth not enrolled in school & last attended JH or Mdle Schl	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Has youth been expelled or suspended? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Identify any active IEP's. 3 allowable	00=None
	01=Speech/Language
	02=Behavior Disorder
	03=Learning Disabled
	04=Mental Retardation
	05=Early Child Spec Ed
	06=Gifted
	07=Hearing Impaired
	08=Traumatic Brain Injury
	09=Visual Impairment
	10=Other
	11=Unknown
12=Ref to Ans	

Has youth ever experienced attendance problems? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Has a formal truancy petition ever been filed?	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Briefly describe any relevant school issues (i.e., suspensions, expulsions, truancy, etc.) on the back of this sheet.

## SUBSTANCE ABUSE

Indicate the youth's current status, age at first use, most recent use, general frequency of use, and total number of uses in a lifetime for each substance indicated. Please use the codes listed below.

Recency
00=Never
01=Prev 24 hours
02=Prev 48 hours
03=Prev week
04=Prev two weeks
05=Previous month
06=Prev three months
07=Prev six months
08=Previous year
09=Greater than one year
10=Unknown
11=Ref to Ans

Age at First Use
01=8 or younger
02=9 to 11
03=12
04=13
05=14
06=15
07=16
08=17
09=18
10=Ref to Ans
11=Unknown

Frequency
01=Daily
02=Daily to 2 XS weekly
03=Weekly to biweekly
04=Biweekly to monthly
05=Monthly to bimonthly
06=Bimonthly to biannually
07=Biannually to annually
08=Greater than annually
09=Ref to Ans
10=Unknown

Total Lifetime Use
00=Never
01=1 or 2 XS
02=3 to 5 XS
03=6 to 10 XS
04=11 to 49 XS
05=50 to 99 XS
06=100 to 199 XS
07=200 or more XS
08=Ref to Ans
09=Unknown

Substance	Current Status 00=No/01=Yes/ 02=Unknown/ 03=Ref to Ans	Recency of Use	Age at first use	Frequency	Total Lifetime use
Smokeless Tobacco					
Cigarettes					
Alcohol					
Marijuana					
Cocaine					
Inhalants					
Crack					
Heroin					
Methamphetamine					
Prescription Sedatives					
Prescription Tranquilizers					
Prescription Stimulants					
Prescription Analgesics					
LSD or other hallucinogens (e.g., PCP, Mescaline, Psilocybin, DMT)					
Other Drugs (e.g., MPTP, Chrome White)					

Youth has used drugs intravenously	01=Yes
	02=No
	03=Unknown
	04=Ref to Ans

Youth has shared IV drug materials (needles) with others	01=Yes
	02=No
	03=Unknown
	04=Ref to Ans

Youth refused to answer any drug alcohol questions.	00=No
	01=Yes

Briefly describe any relevant issues regarding youth's substance use/abuse (use back of this sheet).

## SUBSTANCE ABUSE TREATMENT HISTORY

Please indicate the substance abuse treatment history for youth and his or her family.

Indicate the history of youth's substance abuse treatment. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Indicate the appropriate reason(s) for youth's referral for substance abuse treatment. 5 allowable	00=NA
	01=DUI
	02=Alcohol Rel Crime
	03=Drug Rel Crime
	04=Use at School
	05=Use at Home
	06=Self referred
	07=Family referred
	08=Court referred
	09=Other referred
10=Unknown	

Name of Substance Abuse Treatment Agency	
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Inpatient substance abuse treatment. 2 allowable	00=Never
	01=Current
	02=Previous
	04=Ref to Ans

Counselor Name	
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Counselor Phone	
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Outpatient substance abuse treatment. 2 allowable	00=Never	03=Unknown
	01=Current	04=Ref to Ans
	02=Previous	

Have parents undergone treatment for substance abuse? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Have sibling(s) undergone treatment for substance abuse? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

## MENTAL HEALTH TREATMENT HISTORY

Please indicate the psychological treatment history for youth.

Indicate the history of youth's mental health treatment. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Indicate the appropriate reason(s) for youth's referral for most recent treatment. 5 allowable	00=NA
	01=Self Referred
	02=Court Referred
	03=Other Referred
	04=School Issues
	05=Suicide Attempt
	06=Eating Disorder
	07=Family Issues
	08=Psych Eval
	09=Other
10=Unknown	

Name of Treatment Agency	
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Inpatient mental health treatment. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
04=Ref to Ans	

Counselor Name	
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Counselor Phone	
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Outpatient mental health treatment. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
04=Ref to Ans	

Have parents undergone mental health treatment? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
04=Ref to Ans	

Have sibling(s) undergone mental health treatment? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
04=Ref to Ans	

# YOUTH DEMOGRAPHICS I

Does youth require medical attention?	00=No
	01=Yes
	02=Unknown

Describe youth's physical condition including any medications which the youth is taking or should be taking.

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Youth marital status	01=Single	04=Separated
	02=Married	05=Widow(er)
	03=Divorced	06=Unknown

Is youth pregnant?	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Number of Dependents	00=0
	01=1
	02=2
	03=3
	04=4
	05=More than 4
	06=Ref to Ans
07=Unknown	

Dependents reside with youth	00=NA
	01=No
	02=Yes
	03=Unknown
	04=Ref to Ans

Indicate dependent(s) age. If more than two dependents, select age for oldest and youngest	NA=Not Applicable	05=5 YOA+
	00=Birth-1	06=6 YOA+
	01=1 YOA+	07=More than 6 YOA
	02=2 YOA+	08=Unknown
	03=3 YOA+	09=Ref to Ans
	04=4 YOA+	

Identify activities in which youth is regularly involved. 4 allowable	00=None	05=Boys / Girls Club
	01=Sports	06=Student Gov.
	02=Music / Theater / Dance	07=Church Groups
	03=School Clubs	08=Other
	04=Scouting	09=Ref to Ans

Describe "other activity" if relevant

Gang affiliations (gang name)

Gang Set

Employer Name	
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Youth's job type - current (3 allowable)

00=None		07=Construction Work
01=Professional, Technical, Managerial		08=Mechanics
02=Clerical & Sales		09=Military
03=Service Occupation		09.1=Student
04=Agriculture		10=Other
05=Agriculture Processing		11=Unknown
06=Machine Trade		12=Ref to Ans

Youth Job Status	01=Part time		04=Never employed
	02=Full time		05=Ref to Ans
	03=Prev employed		06=More than 1 job
			07=Unknown

Youth Employment Code	00=Unemployed		04=Disabled
	01=Employed		05=Retired
	02=Self Employed		06=Unknown
	03=Volunteer		07=Ref to Ans

Further explanation of demographic characteristics

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## YOUTH DEMOGRAPHICS II

Siblings deceased. 4 allowable	00=None
	01=Sister
	02=Brother
	03=Step sister
	04=Step brother
	05=Other sig sib
	06=Unknown

Parents Deceased. 4 allowable	00=None
	01=Mother
	02=Father
	03=Step mother
	04=Step father
	05=Other sig figure
	06=Unknown

Bio Parents Divorced	00=No
	01=Yes
	02=Never married
	03=Unknown
	04=Ref to Ans

Domestic violence, youth victim--witness or perpetrator. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Victim Physical Abuse. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Victim Sexual Abuse. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Youth is concerned about parent(s) drug alcohol use. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Youth is concerned about sibling(s) drug alcohol use. 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Suicide attempts by youth. 2 allowable.	00=Never	02=Previous	04=Ref to Ans
	01=Current	03=Unknown	

How many times has youth's family moved? Do not include any out-of-home placements or relative placements.

Further explanation of youth demographics:

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### YOUTH DEMOGRAPHICS III

First referral of JO at age 14 or younger	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

More than three adjudications	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Prior adjud resulting in out of home placement	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Youth on probation two or more times	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Does youth have a history of out-of-home placement for any reason? 2 allowable  How many places other than home has youth lived (i.e., out-of-home placements)? Include relative placements if other than parents. Count each placement event separately. <input type="checkbox"/>	00=Never
	01=Current
	02=Previous
	03=Unknown
	04=Ref to Ans

Runaway Status at Present. 2 allowable	00=Never	02=Previous	04=Ref to Ans
	01=Current	03=Unknown	

Runaway History. 3 allowable	00=Never
	01=Home
	02=Non-secure placement
	03=Secure placement
	04=Unknown
05=Ref to Ans	

Runaway Frequency	00=Never
	01=1-3 times
	02=4-10 times
	03=More than 10 times
	04=Unknown
05=Ref to Ans	

Any family members with a criminal history	00=No
	01=Yes
	02=Unknown
	03=Ref to Ans

Does youth have any siblings with an active or previous CINC referral? 2 allowable	00=Never
	01=Current
	02=Previous
	03=Unknown
04=Ref to Ans	

Describe any characteristics of the youth that are relevant to the intake decision

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## FACTORS CONSIDERED IN PLACEMENT OR REFERRAL DECISION REGARDING CHILD IN NEED OF CARE

Age of Child	00=NA
	01=Yes
	02=Unknown

Location of Injury	00=NA
	01=Yes
	02=Unknown

Medical Needs of Child	00=NA
	01=Yes
	02=Unknown

Seriousness of Incident	00=NA
	01=Yes
	02=Unknown

Child's Ability to Protect Self	00=NA
	01=Yes
	02=Unknown

Recency of Injury	00=NA
	01=Yes
	02=Unknown

Caregiver's Ability to Protect Child	00=NA
	01=Yes
	02=Unknown

Current Condition or Behavior of Child	00=NA
	01=Yes
	02=Unknown

Perpetrator's Access to Child	00=NA
	01=Yes
	02=Unknown

Action Needed to Protect Child from Further Harm	00=NA
	01=Yes
	02=Unknown

Physical/Mental Condition of Caregiver	00=NA
	01=Yes
	02=Unknown

Action Needed to Preserve Evidence	00=NA
	01=Yes
	02=Unknown

Siblings Primary Victim(s)	00=NA
	01=Yes
	02=Unknown

Prior Involvement with SRS	00=NA
	01=Yes
	02=Unknown

00=Not App	01=Yes	02=Unknown
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Briefly explain factors considered in placement and referral decision.

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## FINAL RESULT OF INTAKE

Identify placement outcome	01=Parent(s) /Guardian(s)
	02=Detention
	03=Attendant Care
	04=Shelter Facility
	05=House Arrest
	06=Group Home Res Cntr
	07=Self
	08=Friend
	09=Youth Center
	10=Foster Care
	11=Relative
	12=Other
	13=SRS

Select persons/agencies to be notified of this event. Choose up to 6.	00=None
	01=County Attorney
	02=Court Services
	03=Comm Corrections
	04=SRS
	05=Mental Health
	06=School
	07=CASA
	08=Court Clerk
	09=Parent Guardian
10=Other (Specify)	

Identify person to whom youth was released	
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Authority for Release	01=LEO
	02=Intake Worker
	03=Prosecutor
	04=Judge
	05=Other
	06=SRS

Referred to the following services. 4 allowable	00=None
	01=Outpat Mental Health
	02=Outpat Drug Alc Tx
	03=Inpat Mental Health
	04=Inpat Drug Alc Tx
	04.1=SRS
	05=Gang Intervention
	06=Leisure/Recreation
	07=Educ Assessment
	08=Aggression Delinqncy
	09=Family Relations
	10=CASA/CRB
	11=Phys Abuse Victim
	12=Peer Relations
	13=Sex Abuse Victim
	14=Sex Offender
	15=Social Skills
	16=Voc Status
17=Drug/Alc Detox	
18=Other	

Responsibility to Transport	01=Parents
	02=Intake Worker
	03=LEO
	04=Private
	05=Agency
	06=Other
	07=SRS

Does family accept referral?	00=NA
	01=Yes
	02=No

Would follow up or case management assist family to access referrals?	01=Yes Follow up
	01.1-Yes Case Management
	02=No
	03=Unknown

Identify services that are recommended but not available. 4 allowable	00=None
	01=Outpat Mental Health
	02=Outpat Drug Alc Tx
	03=Inpat Mental Health
	04=Inpat Drug Alc Tx
	04.1=SRS
	05=Gang Intervention
	06=Leisure/Recreation
	07=Educational Assessment
	08=Aggression Delinquency
	09=Family Relations
	10=CASA/CRB
	11=Physical Abuse Victim
	12=Peer Relations
	13=Sex Abuse Victim
	14=Sex Offender
	15=Social Skills
	16=Voc Status
	17=Drug/Alcohol Detox
18=Other	

Estimate length of time to <u>arrange</u> emergency placement.	00=NA
	01=Less than 15 minutes
	02=15-30 minutes
	03=31-60 minutes
	04=1 hr-1.5 hrs
	05=1.5 hrs-2 hrs
	06=2 hrs-3 hrs
	07=3 hrs-5 hrs
	08=Greater than 5 hrs

Estimate length of time to <u>transport</u> to emergency placement.	00=NA
	01=Less than 15 minutes
	02=15-30 minutes
	03=31-60 minutes
	04=1 hr-1.5 hrs
	05=1.5 hrs-2 hrs
	06=2 hrs-3 hrs
	07=3 hrs-5 hrs
	08=Greater than 5 hrs

Estimate number of round trip miles to emergency placement.

Identify services provided through this intake and assessment process. 7 allowable	01=Crisis Intervention	05=Intake Questionnaire
	02=POSIT	06=Court Proc Inform
	03=Referral	07=Other
	04=Placement	

Youth refused to answer any questions.	00=No
	01=Yes

Without intervention, youth is at imminent risk of abuse within 30 days, or out of home placement, or institutionalization within 90 days. 3 allowable	00=No
	01=Abuse in the Home
	02=Out of Home Placement
	03=JO Institutionalization
	04=Mental Health Institutionalization
05=Unable to Determine	

Is youth a risk to run from placement?	00=No
	01=Yes
	02=Unknown

Is youth at risk to harm self?	00=No
	01=Yes
	02=Unknown

If referred for services, indicate the method by which the family will pay for services. 4 allowable	00=No Referral
	01=Private Health Insurance
	02=Medical Card
	03=SSI Recipient
	04=Private Savings
	05=Unknown
	06=Ref to Ans
07=Other	

Is youth at risk to harm others?	00=No
	01=Yes
	02=Unknown

An emergency exists requiring the youth's placement	00=No
	01=Yes
	02=Unknown

Identify person(s) contacted regarding this intake and assessment.

Briefly describe any critical elements of the intake event which require follow-up beyond what is already indicated in this report. Briefly describe any facts that contribute to an indication of risk to run, harm self, or others.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Out \_\_\_\_\_

Date Out \_\_\_\_\_