



Carson City ~ Churchill County ~ Douglas County ~ Lyon County ~ Storey County

Western Nevada Regional Youth Center

3550 Graham Ave
PO Box 330
Silver Springs, NV 89429-0330
Phone: 775-577-4200
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JPO/Caseworker Initial Planning/Referral Packet

Must be completed prior to meeting or orientation.

Client Information

Name: _____
Last First MI

Social Security #: _____ DOB: _____ Male Female

Hair Color: _____ Eye Color: _____ Race: _____ Height: _____ Weight: _____

Tattoos/Scars/Etc: _____

Address: _____ Phone: _____
PO Box/Street City ST Zip

Family Information

Parent's name: _____ Biological Step Legal Guardian
 Phone: _____ Address: _____

Parent's name: _____ Biological Step Legal Guardian
 Phone: _____ Address: _____

Emergency Contact: _____ Phone: _____

Legal Status: Informal Probation/Diversion Status Offender Child Protection/CHINS
 Pending/investigating Charges None Probation

Date placed on probation: _____ County: _____ Probation Officer: _____
 Judge / Master: _____ Date Ordered into WNRVC: _____

Other Contact(s) Caseworker Parole Officer Other Please specify: _____

School Information

Last School Attended: _____ Highest Grade completed: _____

List any teacher, counselor, or school administrators involvement: *(Include Name, License/Role/Title, and Contact information)*

Identified as Learning Disabled: Yes No Explain: _____

Medical Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other preferred emergency care providers: _____

Medical Insurance Yes No*(Copy of insurance card required upon entry)*

Name of Policy Holder: _____

Company

Policy Number

Group Number

Allergies Yes No (If yes, please list): _____Immunizations Current Yes No*Immunization record required upon entry.* Current medication related to behavior (please list): _____ Current medication related to health problems (please list): _____ Currently in a doctor's care for any health problem, explain: _____ History of severe illness/injury, explain: _____

Check those that apply for each dimension, as defined below.*Check all that apply; including definite knowledge and strong suspicion. Explain special concerns or information in each section.***A. Alcohol and other drug involvement**

- Previous failed alcohol and other drug treatment and current use. Or, no prior treatment and there is documented current alcohol and other drug dependency.
- Previous successful alcohol and other drug treatment and currently recovering, but possible relapse substance abuse reported by self, family, or friends. Starting to hang-out with known substance abusers again.
- May have experimented with alcohol and other drugs, but is not dependent or abusing. May be using tobacco products.
- Youth is agreeable to treatment and wants help.

Child's first drug of choice: _____ 2nd: _____

Number of dirty or missed urine analysis: _____

B. Mental Health

- Severely disruptive behavior, i.e., extremely hyperactive or unable to control aggressive impulses, or delusional or hallucinating.
- May have suicidal ideation, situational depressions, be withdrawn, or have family history of mental illness.
- May exhibit oppositional behavior.
- History of counseling.

C. Victimization

- Officially reported, documented history of physical or sexual abuse.
- Suspected physical, sexual or emotional abuse or neglect: a victim of a reported crime; or witness to domestic violence.
- May be harassed by peers. Parents may lack adequate parenting skills and/or be substance abusers.

D. Educational Functioning

- Expelled, chronic truant, or drop-out.
- May have been suspended, irregular attendance, or alternative school enrollment.
- May have pattern of behavior problems in school, but is still attending school regularly.

E. Social Support Network

- Homeless, no basic needs being met, or abandonment, abuse or severe neglect. Negative adult role models.
- May have basic needs met, but environment is inconsistent, insecure, unsupervised and/or transient.
- All basic needs met adequately. Emotionally stable, predictable, consistent, and secure environment.
- Juvenile is valued and nurtured.

F. Parenting and supervision.

- Parents deceased, or not involved in child's parenting/supervision.
- Child adopted.
- Single parent household, parent working.
- Single parent at home and not working, or child living with at-home relatives.
- Constantly changing (one or more) parenting figures, but child lives in same location; or there are "revolving door" parental boyfriends or girlfriends.
- Child's address constantly changing.
- Mother and father figures have strongly conflicting parenting styles.
- Parenting efforts are low skilled, poorly planned, ineffective, inconsistent.
- Parenting efforts consistent, fair, good skills, similar style, child is responsive, but child is still largely unsuccessful.
- One or both parents actively abusing alcohol or other drugs.
- One or both parents have strong history for substance abuse, but are currently clean and supportive of child's treatment.
- One or both parents have multiple arrests, or have criminal convictions.

G. Cultural/Racial Heritage.

- Child is angry, confused, uninformed, or not accepting of racial/cultural heritage.
- Child is both informed and proud of racial/cultural heritage.
- Family has trouble accepting child's racial/cultural heritage.
- Family is supportive, informed, and accepting of child's racial heritage.

H. Peer Relationships

- Gang-affected or delinquent, antisocial, or habitual substance-abusing peer groups. Name of Gang: _____
- Withdrawn, isolated loners; defiant, oppositional, mistrustful of authorities; or moderate substance abuse.
- May question authority, test limits, or experiment with alcohol and drugs.
- Not age appropriate.

I. Aggressive behavior.

- Current adjudicated offense is a person-to-person felony.
- Exhibits uncontrolled anger that leads to physical acting-out upon persons.
- Has chronically threatened or intimidated others.
- Has set destructive fires. Excessive/dangerous playing with fire.
- Excessive aggressions towards animals.

J. Life Skills

- Gross impairment in age-appropriate daily living skills (for example, personal hygiene, food preparation, maintaining schedules).
- Willing but lacking knowledge or skills, or having basic skills but contentious.
- Good skills but may be unmotivated.

K. Employment and/or Vocational Training

- Unemployable, unmotivated, untrained, defiant, and/or without goals.
- Poor work history, some skills. May have unrealistic goals, poor follow-through.
- Employed, full- or part-time, in training program, or history of successful employment, or under age 14.

L. Previous Placements

- Mental Health: _____
- Correctional Institutions: _____
- Out of home: _____
- Other: _____

Other Concerns not covered: _____

N. Tentative Transition Planning. Please read the questions carefully and answer all.

Given what is known at this time, where will the child live and go to school after WNRYP? Be Specific. What is the contact person's name/phone? When can they accept the youth?

What is the family, community, school, the Court, and other Partner agencies doing to support this plan's success during and after WNRYP? (i.e., counseling, groups, role model, etc.)

Who will be invited to the Family and Transition meetings? Please give names, addresses and phone numbers.

Notes:

(Staff use only below this line)

Appropriate referral at this time:

- Residential Outpatient Family Youth Intervention
 Walk-in Assessment