



Dream 2 Aspire Greatness Program

PARTICIPANT INTAKE FORM

This form was completed by: _____ Admission Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Date of Birth: (Month Day Year) ____/____/____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Race: Alaskan Native American Indian Asian Black Pacific Islander White

School: _____ Grade Level: _____ Student ID Number: _____

Parent/Guardian Name: _____ Relationship to Youth: _____

Phone Number: (____) _____ Cell/Work Number: (____) _____

Parent/Guardian Name: _____ Relationship to Youth: _____

Phone Number: (____) _____ Cell/Work Number: (____) _____

Structure:

- Foster Care
- Lives with Single Father
- Other
- Lives with Non-relative
- Lives with Single Mother
- Lives with Relative(s)
- Lives with Two parents

Youth was referred by:

- DCF
- JDC
- Self or Family
- School Judiciary or State Attorney
- Other Criminal Justice Agency (Not JDC)
- Other Social Services (not DCF)
- Other: _____

NOTES:



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Parent Participation Contract

I agree for _____ to participate in the D2AG: Dream 2 Aspire Greatness program for Juveniles At Risk.

- I agree to provide transportation to all events, activities and workshops related to this program.
- I agree to participate in all meetings and parental workshops associated with or offered through this program.
- If I am unable to attend a workshop or educational session, I will make this component up during the next available workshop.
- I agree to cooperate with the mentoring deputies suggested interventions and educational workshops designed to assist both parent and child in learning and implementing new skills and tools.

I fully understand that as a parent, my cooperation is necessary in achieving success through this program. My failure to participate in any aspect of this program could hinder the effectiveness of the tools and workshops provided.

_____ Date _____
Parent / Guardian Signature

_____ Date _____
Parent / Guardian Printed Name

INTAKE OFFICER:

_____ Date _____
Printed Name

_____ Date _____
Signature



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RISK ASSESSMENT:

Based on observations, interviews with the youth and representatives from the youth's school, is the youth...

SCHOOL	ATTENDANCE	Skipping classes 3 or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Habitual/Chronic Truant (more than 15 absences in 90 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Not enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BEHAVIOR	Currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Currently expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Suspended within current or previous school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACADEMIC	Expelled within current or previous school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Failing one or more classes with past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Held back/failed a grade level once?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Held back/failed a grade level more than once?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Learning disabilities or mental illness? (ADD, ADHD, Dyslexia, SED, EH, LD, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
FAMILY	PARENTS	Parents/youth make statements that parents cannot control the child's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have unclear or no limits or rules regarding the child's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Cannot state where or with whom child spends free time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HISTORY	Have documented instances of child abuse/neglect (physical, emotional or sexual)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical evidence of abuse or neglect on the youth?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Had prior or current DCF involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Parent, guardian or sibling has prior criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBST. ABUSE	Used tobacco 3 or more times in the last 30 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Used drugs / alcohol 3 or more times in last 30 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been charged with drug-related offenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No
BEHAVIOR	STEALING	Has youth stolen from the family, house or neighbors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Been charged with burglary-related offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	RUNNING AWAY	Runaway from home once for an extended period? (one day or more)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Runaway from home 3 or more times in the past? (habitual)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	GANGS	Self-admitted or suspected to be a gang member or involved in gang activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Identified by law enforcement as gang member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Associated with youth involved with serious/delinquent behavior or record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have a delinquency record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MENTAL HEALTH	Is youth currently receiving mental health counseling?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has youth received mental health counseling in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has youth ever been Baker Acted?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral (please be specific):
