



Office of Juvenile Justice

Intake Screening and Housing Assessment

Date of Arrival: _____

JETS # _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Birthdate: _____ Age: _____ Height: _____ Weight: _____ Race: _____

Gender: _____ Sexual Orientation: _____ Gender Identity: _____ Gender Expression: _____

Parent/Guardian's Name: _____

Parent/Guardian's Employer: _____ Parent/Guardian's Work Phone: _____

Legal Information

Adjudicated Offense(s): _____

Previous Placement(s): _____ Full term date: _____

Court of Jurisdiction: _____ Placing Regional Office: _____

Probation Officer: _____ Phone: _____

Attorney's Name: _____ Phone: _____

Medical History

Current Illness(s): _____

Current Medication(s) _____

Have you ever been a victim of a sexual assault? Y / N If so, when: _____ Where: _____

Screening Staff Signature _____ Title: _____ Date: _____

Sexual Vulnerability/Aggressiveness
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1. Indicate this youth's physical stature:

ANSWER	VALUE	
<input type="checkbox"/> SMALL	4	
<input type="checkbox"/> MEDIUM	2	
<input type="checkbox"/> LARGE	4	
		SCORE___

2. Current age:

ANSWER	VALUE	
<input type="checkbox"/> 16	1	
<input type="checkbox"/> 13-15	2	
<input type="checkbox"/> 12 or younger	4	
		SCORE___

3. Disabilities (mental, physical, developmental)

ANSWER	VALUE	
<input type="checkbox"/> Yes	1	
<input type="checkbox"/> No	2	
		SCORE___

4. Number of adjudications for crimes against persons:

ANSWER	VALUE	
<input type="checkbox"/> 0	0	
<input type="checkbox"/> 1	1	
<input type="checkbox"/> 2 or more	2	
		SCORE___

5. Does this youth express a concern for sexual abuse/harassment?

ANSWER	VALUE	
<input type="checkbox"/> Yes	4	
<input type="checkbox"/> No	0	
		SCORE___

6. Has this youth ever exhibited or appear to be exhibiting sexually aggressive behavior?

ANSWER	VALUE	
<input type="checkbox"/> Yes	4	
<input type="checkbox"/> No	0	
		SCORE___

7. Are there risk factors which may increase the youth's potential for sexual victimization (prior victimization, LGBTI identification, prior sex offense, language barrier, etc.)?

ANSWER	VALUE	
<input type="checkbox"/> Yes	2	
<input type="checkbox"/> No	0	
		SCORE___

HOUSING RATING:

- 0-5 PREA LOW (PL)
 6-14 PREA MEDIUM (PM)
 15+ PREA High (PH)

TOTAL SCORE___

Override recommended: Y / N

Reason: _____

Signature of Approval: _____

Screening Staff Signature _____ Title: _____ Date: _____