

Department of Juvenile Justice Screening Unit CYPM Script

Subject: (Name of County) Notification of a Crossover Youth (Youth Initials)

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| Demographics | Youth's Name |
| | Date of Birth |
| | County of Residence: |
| | Current Placement: |
| | VERIFIED Parent or Legal Guardian(s) Name(s)/ Relationship |
| | Parent's/Guardian's Physical Address & Phone Number & Email Address |
| | Post Adoptions Youth? Yes or No |
| | Lockout / Abandonment Issues? Yes/ No |
| DJJ Info | DJJ ID - JJIS # |
| | ***County of Delinquency |
| | Date of Arrest: |
| | Charge(s): |
| | DJJ Status: |
| | Detention Status: |
| | Number of Prior DJJ Referrals: |
| | Next DJJ Court Date: |
| | Assigned JPO & Phone # & Email |
| | JPOS & Phone # & Email |
| Child Welfare Info | Youth's FSFN Person ID # |
| | DCF Status: |
| | County of Investigation or Dependency |
| | DCF Open/ Current Intake # |
| | Date of Current DCF Intake |
| | (if current open DCF investigation) Allegations: |
| | CPI / Family Case Mgr / (include Out of County CPIs or Case Mgrs): |
| | CPIS/ Family Case Mgr Supervisor |

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| DCF FSFN History (obtain via conversation with CPI) | # of prior DCF investigations & Summarize maltreatments: |
| | # of prior DCF Special Conditions Referrals & Summarize condition: (ie. Child on child, PNA, Caregiver unavail). |
| | # of prior dependency cases: |
| School Info | School & Grade Level: |
| | Child's IQ or suspected level of functioning? (high, average, low) |
| | Attendance/ Discipline History: |
| | Does youth have an IEP or 504 plan? Type Disability Type or Suspected Disability? |
| Medical, Mental, Behavioral Health Info | Type of Insurance/ Plan of Name: (Please specify the actual name of the health plan, not "Medicaid") |
| | Health Plan ID# |
| | Diagnosis (Mental Health & Medical): |
| | Medications: |
| | Prior Baker Act(s) (location(s)/ date(s)): |
| Additional Staffing Info | Family Strengths & Supports for Youth: |
| | Current Service Providers: |
| | Does the youth have an evaluation that recommends level of mental health or behavioral treatment? If so, what does it recommend |
| | Referrals / Recommendations for services: (attach any evals PACT, comp, etc) |
| | Email Addresses of Additional Participants that should participate in the staffing: |