

Child's Name \_\_\_\_\_ PID No.: \_\_\_\_\_

**CHILD DESCRIPTION**

Last Name		First Name		Middle Name		Suffix	
Race		Sex		DOB		Primary Language	

**IDENTIFICATION**

PID Number		Status		Social Security Number		SID Number	
		Active Inactive					
Additional ID Type			ID Number		State		
Hair Color		Eye Color		Height		Weight	
Citizenship			Place of Birth				
Distinguishing Marks							

**ADDITIONAL INFORMATION**

Marital Status		Lives With?		Pregnant?	Parent?	# of Children	# of Siblings
Religious Preference		Gang Membership	Gang Affiliation		Degree of Involvement		
					Hard Core/Professional Gang Member		Gang Member
					Former Gang Member		Wanna' Be

**ALERT**

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**ABUSE**

Suspected Abuse (circle all that apply)	CPS Involved?	CPS Contact	Other Agencies Involved
Sexual      Physical      Emotional			
Substance(s) Abused	Severity		Rationale
	Mild (experimental) Severe (addicted)	Moderate (regular use) Unknown	Suspected    Confirmed Acknowledged
	Mild (experimental) Severe (addicted)	Moderate (regular use) Unknown	Suspected    Confirmed Acknowledged

**ADDRESSES**

Address 1	Phone Type	Phone Number	Ext.		
Address 2	Phone Type	Phone Number	Ext.		
City	State	Zip Code	Phone Type	Phone Number	Ext.

**ALIAS**

Alias

**DRUG TESTS**

Test Date	Result	Administered By	Funding Source
Positive Results (circle all that apply)			
Alcohol	Amphetamines	Benzodiazepines	Cocaine      Marijuana      Methamphetamines      Opiates      PCD
Comments			

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EMPLOYMENT

Employer Name	Hire Date	Termination Date		
Address 1	Pay Period		Salary	
Address 2	City	State	Zip Code	Phone

EMPLOYMENT

Employer Name	Hire Date	Termination Date		
Address 1	Pay Period		Salary	
Address 2	City	State	Zip Code	Phone

FINANCIAL

Income Source	Income Period	Amount
Effective Date		Effective End Date

FINANCIAL

Income Source	Income Period	Amount
Effective Date		Effective End Date

FINANCIAL

Income Source	Income Period	Amount
Effective Date		Effective End Date

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**MEDICAL**

Health Insurance Carrier		Health Insurance Policy Number		
Medicaid	TANF	TANF Number	IV-E Eligible	CHIP Receiving
Eligible Receiving	Eligible Receiving			
Medical Information				

**BEHAVIORAL HEALTH MH/MR**

Mental Health Needs	Date Determined Mentally Ill	Treatment Prior to Juvenile Involvement			
		No	Prior Hospitalization	Prior Treatment	Unknown
IQ Test Scores				Test Used	
Verbal	Nonverbal	Full			

**BEHAVIORAL HEALTH REFERRALS**

Referral Date	Presenting Problem	Referred For	
	Mental Health      Substance Abuse		
Referred To		Outcome	Cost
Funding Source		Type of Assessment/Evaluation	

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**BEHAVIORAL HEALTH TESTING**

Test Date		Primary Diagnosis					Secondary Diagnosis		
Axis I	Primary	Secondary	Diagnosis 3			Diagnosis 4	Diagnosis 5		
Axis II									
Axis III									
Axis IV						Axis V GAF			
ECON	EDUC	HOUS	OCCU	OTHR	LEGL	SOCL	HLTH	SUPP	

**BEHAVIORAL HEALTH TREATMENT**

Treatment Begin Date	Treatment End Date	Presenting Problem	
		Mental Health	Substance Abuse
Service		Referred To	Cost

**SCHOOLS**

School Status					Entrance Date	Exit Date			School District		
IS	HS	GR	GD	CS							
DO	SE	AE	JJ	PS							
School					Last Grade Completed	Current Grade	Failing?	Years Behind	Special Education?		
Handicapping Condition											
Emotionally Disturbed				Other				Mentally Retarded			
Learning Disabled								Physical Disability			

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ASSOCIATES

Last Name		First Name			Middle Name		Suffix	
Primary Language		Race	Sex	DOB	Age	Address Same as Child?		
Address 1			Phone Type	Phone Number		Extension		
Address 2			Phone Type	Phone Number		Extension		
City	State	Zip Code	Phone Type	Phone Number		Extension		
Social Security Number			ID Type		ID Number	ID State		
Employer					Marital Status			
Prior Involvement (circle all that apply)			Prior Substance Abuse?	Substances Abused		Mental Illness		
Juvenile	Adult	Gang				Yes	No	Unknown
Relationship to Child				Legal Guardian		Cleared for Visitation		

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Prior Involvement (circle all that apply)			Prior Substance Abuse?	Substances Abused		Mental Illness		
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REFERRAL INTAKE

Referral Number		Referral Date		County	
Referral Type					
Formal	Paper Complaint	Paper Formalized	Interim/Permanent Transfer	Crisis Intervention	
Non-Jurisdiction		Municipal/Justice of the Peace		Parole	
Contract Detention		Other Administrative		Interstate Compact	Contract Placement
Referral Source			Age	Intake Officer	
Police Agency		Probation Department			
Other		School		Texas Youth Commission	
Address Location		School Status			
County Resident	Out of County	Alternative Ed Prgm	In Regular School	Dropped Out	GED
Out of State	Out of U.S.A.	Home School		Charter School	
		Private School	Graduated	JJAEP	Suspended or Expelled
Educational Standing			Last Grade Completed	In Need of Substance Abuse Services	
Passing/Appropriate Grade		Failing/Behind Grade		Yes, not being treated	Yes, being treated
				No Suspected	Unknown
Std Assessment Date		Risk Assessment Level		Further Testing Recommended By?	
				Assessment	Evaluator

OFFENSE

Complaint Received Date		Offense Date		Arrest Date		Referring Agency	
Incident Number		DPS TRN Number		DPS TRS Number			
Offense						Preparatory Code	Counts
Weapon Type	If firearm, What type?	Gang Related?	Sub Abuse Related?	Type of Substance Abused	School Related	School Campus	
Intake Indicator				Disposition Indicator			



Child's Name \_\_\_\_\_ PID No.: \_\_\_\_\_

Primary	Secondary	Added @ Disp	Revised @ Disp	Primary	Consolidated	Dismissed
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Incident Number			DPS TRN Number		DPS TRS Number			
Offense						Preparatory Code	Counts	
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Intake Indicator				Disposition Indicator				
Primary	Secondary	Added @ Disp	Revised @ Disp	Primary	Consolidated	Dismissed		

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Offense						Preparatory Code	Counts	
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Intake Indicator				Disposition Indicator				

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Offense						Preparatory Code	Counts	
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Intake Indicator				Disposition Indicator				
Primary	Secondary	Added @ Disp	Revised @ Disp	Primary	Consolidated		Dismissed	

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**MAYSI**

Screening Date		Administered		Reason Not Administered				
		Yes	No					
MAYSI Scores								
AD	AI	DA	SC	SI	TD	TE		
Referred for Further Assessment		Referred to Where				Received Further Assessment		
YES	NO					Yes	No	Unknown

**VICTIM**

Last Name		First Name		Middle Name		Suffix	
Primary Language		Race	Sex	DOB		Age	
Address 1		Phone Type	Phone Number			Extension	
Address 2		Phone Type	Phone Number			Extension	
City	State	Zip Code	Phone Type	Phone Number		Extension	
Individual Person?	Relationship to Offender			Crime against Person?	Crime Against Property?	Victim Deceased?	
Restitution		Waive Unpaid Balance?		Victim Notification Date			
Attached to Offense (date and offense):							

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VICTIM

Last Name		First Name		Middle Name		Suffix	
Primary Language		Race	Sex	DOB		Age	
Address 1		Phone Type	Phone Number			Extension	
Address 2		Phone Type	Phone Number			Extension	
City	State	Zip Code	Phone Type	Phone Number		Extension	
Individual Person?	Relationship to Offender			Crime against Person?	Crime Against Property?	Victim Deceased?	
Restitution		Waive Unpaid Balance?		Victim Notification Date			
Attached to Offense (date and offense):							

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DETENTION

Type of Detention	Reason		Facility	Date Detained	Time Detained
Secure Non-Secure	Offense/Behavior	No Alt Place			
	Other				
Date Released	Time Released	Cost per Day	Total Cost	Released to	
Attached to Referral (date and primary offense):					

DETENTION

Type of Detention	Reason		Facility	Date Detained	Time Detained
Secure Non-Secure	Offense/Behavior	No Alt Place			
	Other				
Date Released	Time Released	Cost per Day	Total Cost	Released to	
Attached to Referral (date and primary offense):					

DETENTION

Type of Detention	Reason		Facility	Date Detained	Time Detained
Secure Non-Secure	Offense/Behavior	No Alt Place			
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Date Released	Time Released	Cost per Day	Total Cost	Released to	
Attached to Referral (date and primary offense):					

DETENTION

Type of Detention	Reason		Facility	Date Detained	Time Detained
Secure Non-Secure	Offense/Behavior	No Alt Place			
	Other				
Date Released	Time Released	Cost per Day	Total Cost	Released to	
Attached to Referral (date and primary offense):					

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**DISPOSITION**

Petition Date	Cause No.	Attorney			
Recommended Disposition		Primary Disposition			
Disposition Date	Controlling Disp?	Diverted To Where?			
SJS Date	LS Score	ES Score	SI Score	CC Score	Determinate Sentence
					Months      Years
Court		Presiding Judge			
Guideline Level	Assigned Level		Previously Assigned Level		
Deviation Exists?	Supervision Ordered		Level 5 Placement		
	DEFP	PROB	ISP		
Primary Deviation Reason	Secondary Deviation Reason		Additional Deviation Reason		
Comment for Other Deviation Reason					

**FEE'S ASSESSED**

Date Ordered	Type	Amount (month)	Total	First Payment Due Date	Victim

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COMMUNITY SERVICE RESTITUTION

Assessed Date	Hours Assessed
Description	
Attached to Referral (date and primary offense):	

SUPERVISION

Begin Date	Estimated End Date	Actual End Date		
Supervision Type	Officer	Level/Phase		
Conditions				
Outcome				
Case Plan Review Date	Next Review Date	Officer	Review Type	Imminent Risk of Removal?
			Initial Reviewed      Exit Reviewed	
Case Plan				
Attached to Referral (date and primary offense):				



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PROGRAM

Program Referral Date	Begin Date	Estimated End Date	Actual End Date	
Program	Provider	Officer	Level/Phase	Funding Source
Conditions				
Outcome				
Attached to Referral (date and primary offense):				

PROGRAM

Program Referral Date	Begin Date	Estimated End Date	Actual End Date	
Program	Provider	Officer	Level/Phase	Funding Source
Conditions				
Outcome				
Attached to Referral (date and primary offense):				

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PROGRAM

Program Referral Date	Begin Date	Estimated End Date		Actual End Date
Program	Provider	Officer	Level/Phase	Funding Source
Conditions				
Outcome				
Attached to Referral (date and primary offense):				

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**RESIDENTIAL PLACEMENT**

Placement Type				Facility
CPS Placement Placement (by court)	Emergency Shelter	Foster Care	Kinship	
Parental Placement Correctional	Residential (non-secure)	Secure		
Service Type				
Bootcamp	Correctional	Female Offender	Mental Health	Other
Pregnant Female	Sex Offender	Substance Abuse	Treatment	
Placement Date	Cost Per Day	Level of Care	Funding Source	
Days per Week	IV-E Certified	Estimated Release Date	Actual Release Date	
Discharge Reason		Child Progressing?	Total Cost	
Case Plan Review Date	Next Review Date	Officer	Review Type	
			Initial	Exit Reviewed
Case Plan				
Attached to Referral (date and primary offense):				

**NON-RESIDENTIAL SERVICES**

Service In Date	Cost	Provider	Service
Funding Source			
Attached to Referral (date and primary offense):			

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\_\_\_\_\_

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JUVENILE JUSTICE ALTERNATIVE EDUCATION PROGRAM (JJAEP)

Entrance Date	Expulsion Date	PIEMS Student ID	Campus ID	School District	Expulsion Offense Code	
Offense Description		Court Status	Grade Level	Tested GL Math	Tested GL Reading	Spc Education?/Type
		Adult    Juv				/
Std Math Score	Std Reading Score			Exit Date		
Juvenile Court Disposition				Tested GL Math	Tested GL Reading	
PROB	PEND	ADLT	REFU	NOTG	DEFP	DISM
				SUPVC		
Std Math Score	Std Reading Score	Expulsion Ended?	Supervision Ended?	Days Attended	Days Absent	
		Yes    No	Yes    No			
Exit Reason						
EXPX	PROBX	RTRS	GRAD	OTHR	GED	UNSC