



Canadian County Probation Office

7905 East Highway 66 · El Reno, Oklahoma 73036

(405) 262-0202 · Fax (405) 262-0157

PARENT REFERRAL **INFORMATION PACKET**

Please complete the attached Information Packet. This information will assist us in assisting you with your child. You may mail, fax, or drop off your completed Information Packet to the Children's Justice Center. After we receive your Information Packet, you will be contacted and scheduled to meet with an Intake worker.

Please contact Eliza Botone at 264-5538, or by email, ebotone@ccjcok.org if you have any questions. Thank you for your interest in our services.

***Please note, this program is for Canadian County residents only**

Please return to: Canadian County Probation Office
7905 East Highway 66
El Reno, OK 73036
Phone: (405) 262-0202

Child's Name: _____ SSN: _____ DOB: _____ Age: _____

Parent/Guardian: _____ Relationship: _____ Phone #: _____

Street Address: _____ City: _____ Zip: _____

School Information:

School: _____ Grade: _____

Status: In School GED Expelled Home School Suspended

Failing: Yes No

Last Grade Completed: _____

Special Ed.: Yes No Individualized Education Plan (IEP) Yes No

Has your Child been tested for learning disability? Yes No

If yes, was LD diagnosed? _____

Disability Conditions: Emotional Disturbance Learning Disability

Physical Disability Mentally Handicapped

Has your child ever been removed from the home? Yes No

If yes, reason:

Physical Abuse Sexual Abuse Neglect Abandonment

Adjudication or Detention Other

Placement Type: Kinship Foster Care Therapeutic Foster Care Group Home

Residential Treatment Detention Long-Term Long-Term Delinquent Placement

Psychiatric Hospitalization Residential Substance Abuse Treatment Other _____

Has your child ever been charged with a delinquent act? Yes No

If yes, please provide further information: _____

List any physical health problems and medications currently taking: _____

How do you believe your child and family will benefit from involvement with the Canadian County Probation Office?

What concerns you the most about your child's behaviors?

What mental health, behavioral health, substance abuse or any other services have been or are currently assessed by your child?

Service Provider	When Seen	Reason for Service	Outcome
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Is there any other information that would be helpful to the Probation Office staff when they meet with you and your child?

Strengths and Special Abilities

- | | |
|--|--|
| _____ Sense of Humor | _____ Truthful |
| _____ Neat Appearance | _____ Likes self |
| _____ Kind to others | _____ Supportive of family members |
| _____ Courteous to others | _____ Cares for personal belongings |
| _____ Helpful at home | _____ Likes school |
| _____ Respectful to adults | _____ Good hygiene |
| _____ Often understood by others | _____ Has future goals |
| _____ Able to make others feel at ease | _____ Likes nature (hiking, camping) |
| _____ Concern for others | _____ Likes art (painting, sketching) |
| _____ Does chores without complaint | _____ Likes athletics (sports, exercise) |
| _____ Keeps his/her word | _____ Mechanical skills |
| _____ Feels badly when behavior is inappropriate | _____ Likes music |
| _____ Good behavior | _____ Likes crafts |
| _____ Hard worker | _____ Enjoys home skills |
| _____ Has friends | _____ Enjoys drama |
| _____ Completes homework | _____ Responsible |
| _____ Self starter | |

Other:

Child's Name

Date of Birth

Risk Factors

_____ Repeated incidents of lying, stealing, property destruction, or leaving home without permission

_____ Parental Incarceration (Past/Current)

_____ Sets fires

_____ Physical aggression towards authority figures

_____ Intentionally hurt animals

_____ Attempted homicide

_____ Truancy, suspensions, disciplinary referrals, or declining grades within past 6 months

_____ Has an individualized Education Plan (IEP)

_____ Suspected use or abuse of drugs

_____ Medication overdose in the last 6 months

_____ Validated substance abuse within past 6 months

_____ Criminal behavior while under the influence

_____ History of impatient admission to any psychiatric hospital or substance abuse treatment facility

_____ Dramatic change in style of dress or personal hygiene within the past 90 days

_____ Recent dramatic changes in eating habits, sleep patterns, or body weight

_____ Frequent physical complaints or crying spells

_____ Withdrawal or isolation from family and/or social activities within the last 6 months

_____ Family history of mental illness or substance abuse

_____ Age or developmentally inappropriate bed-wetting or soiling

_____ Suicidal intent or gesture within the last 6 months

_____ Reports or documented evidence of abuse

_____ Overt sexual behaviors

_____ Sexually promiscuous

_____ Has perpetrated sexual abuse

_____ Disruptive daycare (kicked out, asked to leave)

_____ Disruptive at social events (scouting church, extracurricular activities)

Other:

Child's Name

Date of Birth

Youth and Parent/Guardian Responsibility Form

The Canadian County Juvenile Bureau's responsibility is to:

1. Respond in a timely manner to parental request for service for all citizens of Canadian County.
2. Conduct an interview with the parents and youth to assess and evaluate the needs of the family.
3. Inform the parent/youth of our findings and recommendations.
4. To refer the parent/youth to appropriate and accessible services.

The parent's responsibility is to:

1. See that their child/children attend school daily.
2. Call the school if their child is unable to attend for any reason and provide documentation to support the reason thereof (doctor's note, etc . . .).
3. Set reasonable and appropriate boundaries for their child/children such as curfew, and activities in and out of the home.
4. Provide appropriate supervision to their child/children.
5. Access resources referred by the Center and maintain documentation of any classes, counseling, or community services, etc . . . they have attended or completed.
6. Provide transportation for their child/children to access the resources that have been referred by the Center.

The youth's responsibility is to:

1. Follow rules set by their parent/guardian.
2. Attend school daily.
3. Follow all laws of their city, county, and state.
4. Attend all classes, counseling, etc. . . .that their parent feels appropriate to educate and strengthen the youth and family.

Parent/Guardian _____

Date _____

Child _____

Date _____

Intake Worker _____

Date _____

Tips for Parents of Difficult Teens

If you, or someone you know is experiencing difficulty with a teen, take a few moments and answer the following questionnaire. This can serve as a point of reference in understanding the severity of the problems your teen is facing. Sometimes the problems are so severe that they can only be properly addressed by getting professional help in a controlled environment such as a Residential Center, Treatment Program or Specialty School. Other times problems can be resolved right in the home by setting better limits and tightening up the basic family rules structure.

After completing the questionnaire, refer to the scoring guide which will offer suggestions and recommendations based on the results of your own responses.

Answer Yes or No to each question

- Y/N 1. Does your teen struggle with basic family rules and expectations?
- Y/N 2. Has your teen ever been suspended, expelled, truant, or had a drop in school grades?
- Y/N 3. Has your teen ever been verbally abusive?
- Y/N 4. Does your teen associate with a bad peer group?
- Y/N 5. Has your teen lost interest in former productive activities, hobbies, or sports?
- Y/N 6. Do you have difficulty getting your teen to do simple household chores or homework?
- Y/N 7. Has your teen had problems with the law?
- Y/N 8. Do you find yourself picking your words carefully when speaking to your teen, so as not to elicit a verbal attack or rage from them?
- Y/N 9. Are you worried that your teen may not finish high school?
- Y/N 10. Does your teen, at times, seem depressed/withdrawn?
- Y/N 11. Is your teen's appearance or personal hygiene outside your family standards?
- Y/N 12. Has your teen ever displayed violent behavior?
- Y/N 13. Is your teen manipulative or deceitful?
- Y/N 14. Does your teen seem to lack motivation?
- Y/N 15. Are you concerned that your teen may be sexually promiscuous?
- Y/N 16. Any evidence of suicide ideation?
- Y/N 17. Do you suspect at times you have had money or other valuables missing from your home?
- Y/N 18. Does your teen's behavior concern you for their safety?
- Y/N 19. Does your teen seem to lack self-esteem and/or self-worth?

- Y/N 20. Do you have a lack of trust with your teen?
- Y/N 21. Does your teen have problems with authority?
- Y/N 22. Does your teen engage in activities you don't approve of?
- Y/N 23. Do you think your teen is using or experimenting with drugs and/or alcohol?
- Y/N 24. Are you concerned about your child's well-being and their future?
- Y/N 25. Does your teen seem to be in constant opposition to your family values?
- Y/N 26. No matter what rules and consequences are established, does your teen defy them?
- Y/N 27. Are you exhausted and worn out from your teen's defiant or destructive behaviors and choices?
- Y/N 28. When dealing with your teen, do you often feel that you are powerless?

Tally your responses: Yes _____ No _____

Based on the number of "YES" responses, our recommendations would be as follows:

- 18+:** High Risk. Get Help!! A Residential Center, Treatment Program, or Specialty School is strongly recommended.
- 9-17:** Borderline Risk. The problems may be resolved by tightening up the family rules and structure; however, a Residential Center, Treatment Program, or Specialty School may need to be considered.
- Up to 8:** Moderate Risk. Tighten up family rules, be consistent with your monitoring, and follow through.

Demographic Information Sheet Date: _____

JOLTS#: _____

Name: _____

Last First Middle AKA

Address: _____

Street Address Apt.# City State Zip Code

Home Phone: (____) _____ Juvenile Cell Phone: (____) _____

Date of Birth: _____ Age: _____ Place of Birth: _____

SSN: _____ Sex: Male Female Race: _____ DL#: _____

Native American: Yes No Tribe(s): _____

Juvenile's Physical Description: Height: _____ Weight: _____ Eyes: _____ Hair: _____

Identification Marks: (Tattoos, Scars, Birthmarks, Piercings, etc.) _____

Gang Affiliation: Yes No Affiliation(s): _____

School: _____ Grade: _____

If not in School, why? _____

Is Juvenile on an IEP? Yes No

Is Juvenile employed? Yes No Where?: _____

Medical Insurance: Yes No Provider Name: _____ Provider #: _____

Medical Problems/Diagnoses: _____

Prescription Medications: _____

Emergency Contact (other than parent): _____

Name Relationship to Juvenile Phone #

With whom does the Juvenile reside? _____

Biological/Adopted Father: _____

Last First Middle AKA

Date of Birth: _____ SSN: _____ Race: _____ Disabled? Yes No

Address: _____

Street Address Apt.# City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Employer & Address: _____ Work Phone: (____) _____

Occupation: _____ Hours of Employment: _____ Income: _____

Monthly

Biological/Adopted Mother: _____

Last First Middle AKA

Date of Birth: _____ SSN: _____ Race: _____ Disabled? Yes No

Address: _____

Street Address Apt.# City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Employer & Address: _____ Work Phone: (____) _____

Occupation: _____ Hours of Employment: _____ Income: _____

Monthly

Biological Parents Marital Status: Married Divorced Separated Widow Never Married

Step-Father/Live in Companion: _____
 Last First Middle AKA
 Date of Birth: _____ SSN: _____ Race: _____ Disabled? Yes No
 Address: _____
 Street Address Apt.# City State Zip Code
 Home Phone: (____) _____ Cell Phone: (____) _____
 Employer & Address: _____ Work Phone: (____) _____
 Occupation: _____ Hours of Employment: _____ Income: _____
 Monthly

Step-Mother/Live in Companion: _____
 Last First Middle AKA
 Date of Birth: _____ SSN: _____ Race: _____ Disabled? Yes No
 Address: _____
 Street Address Apt.# City State Zip Code
 Home Phone: (____) _____ Cell Phone: (____) _____
 Employer & Address: _____ Work Phone: (____) _____
 Occupation: _____ Hours of Employment: _____ Income: _____
 Monthly

List all Siblings:

Full Name	Relationship to Juvenile	Date of Birth/Age	Social Security #	Living in the home?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If Juvenile does not reside with Biological or Step-Parent(s), please list with whom the Juvenile lives:

Name: _____
 Last First Middle AKA
 Address: _____
 Street Address Apt.# City State Zip Code
 Home Phone: (____) _____ Juvenile Cell Phone: (____) _____
 Date of Birth: _____ SSN: _____ Race: _____
 Employer & Address: _____ Work Phone: _____
 Relationship to Juvenile: _____ Monthly Income: _____

Name: _____
 Last First Middle AKA
 Address: _____
 Street Address Apt.# City State Zip Code
 Home Phone: (____) _____ Juvenile Cell Phone: (____) _____
 Date of Birth: _____ SSN: _____ Race: _____
 Employer & Address: _____ Work Phone: _____
 Relationship to Juvenile: _____ Monthly Income: _____

Name: _____
Last First Middle

Date: _____

The following information is needed for the Intake Interview. Please complete this form and direct any questions to the Intake Officer.

Is the Juvenile a Ward of the Court in Canadian County? Yes No

Is the Juvenile involved in Court proceedings or a Ward of the Court in any other County or State?

Yes No If yes, where? _____

Please explain: _____

Is a proceeding concerning the custody of this juvenile pending in a Court of this, or any State?

Yes No If yes, where? _____

Please explain: _____

Beginning with the most current, please list the address where the juvenile has resided, with whom, and the dates for the previous five years.

Date: _____ **Person Juvenile lived with:** _____

From: _____ Name: _____ Relationship: _____

To: _____ Address: _____

From: _____ Name: _____ Relationship: _____

To: _____ Address: _____

From: _____ Name: _____ Relationship: _____

To: _____ Address: _____

From: _____ Name: _____ Relationship: _____

To: _____ Address: _____

From: _____ Name: _____ Relationship: _____

To: _____ Address: _____