



## **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](mailto: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?

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

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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/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Is there any other information that would be helpful to the Probation Office staff when they meet with you and your child?

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## 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:

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\_\_\_\_\_  
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 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:

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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 ☐ NoIs 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 &amp; 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 &amp; Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours of Employment: \_\_\_\_\_

Income: \_\_\_\_\_

Monthly

Biological Parents Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐ Never Married



**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: \_\_\_\_\_