**New River Valley Juvenile Detention Home**

Post-Dispositional Program Admission Packet

|  |
| --- |
| To be completed by Post-Dispositional Coordinator upon receipt of referral. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | DOB: |  | File# : |  |
|  | | | | | | | | | |
| R/S/A: |  | | | | Detaining Jurisdiction: | |  | | |
|  | | | | | | | | | |
| Proposed Sentence to Begin on: | | | |  | | | | # of Days: |  |
|  | | | | | | | | | |
| Charge(s): | |  | | | | | | | |
|  | | | | | | | | | |
| Probation Officer: | | |  | | | | | Today’s Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Program Criteria Assessment | | | |
|  | | ***YES*** | ***NO*** |
| 1. | Is the juvenile being sentenced under the COV 16.1-284.1? |  |  |
|  |  |
| 2. | Is a P.D. bed available? |  |  |
|  |  |
| 3. | Is the juvenile 14 to 17 years of age? |  |  |
|  |  |
| 4. | If the juvenile meets the requirement for commitment, will he/she have a suspended commitment? Does not meet requirements |  |  |
|  |  |
| 5. | Has the juvenile been found delinquent within the past 12 months? |  |  |
|  | |  |  |
| 6. | Has the juvenile committed an offense, which if committed by an adult would be punishable by confinement? |  |  |
|  | |  |  |
| 7. | Do the interests of the juvenile and the community require secure custody in order to receive services? |  |  |
|  |  |
| 8. | Do the interests of the juvenile and the community require that the juvenile be placed under legal restraint or discipline? |  |  |
|  |  |
| 9. | Is this placement for the purpose of the juvenile’s rehabilitation? |  |  |
|  |  |
| 10. | Is there a recent (within 1 year) Social History of the juvenile? |  |  |
|  |  |
| 11. | Has the juvenile been released from the DJJ within the past 18 months? |  |  |
|  |  |
| 12. | Has the juvenile been convicted of a violent felony as defined by 16.1-269 COV? |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Appropriateness Assessment | | | | | | |
|  | | | | | ***YES*** | ***NO*** |
| If pre-dispositional, does the juvenile have a history of violent and/or assaultive behavior or severe mental health issues? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Has the juvenile been a gang member or affiliated with a gang? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Is the juvenile a risk to the community? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Is the child’s parent/legal guardian supportive of the child being posted? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Does the juvenile have any mental health issues? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Does the juvenile have the cognitive ability to understand what will be expected of him/her? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Is the juvenile on any medications? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Does the juvenile use any medical apparatus/device/appliance? | | | | |  |  |
| Explain: |  | | | |  |  |
|  | | | | |
| Does juvenile require sex-offender treatment services? | | | | |  |  |
| Explain: | | | | |  |  |
| Are there any signs of psychotic\* behavior?  Explain: | | | | |  |  |
| What other programs have been used before now? | | |  | | | |
| No other programs have been utilized yet. | | | | | | |
|  | | | | | | |
| Briefly list the juvenile’s problem areas and specific treatment goals. | | | |  | | |
|  | | | | | | |
|  | | | | | | |
| What are the juvenile’s educational needs? | |  | | | | |
|  | | | | | | |
| \*Definition:  *Psychotic Behavior is defined by the presence of significant delusions, grossly disorganized speech and behavior, and impaired reality testing which would significantly decrease the adolescent’s ability to participate in the program; participation would include the ability to follow directions, participate in group interactions, and maintain personal safety.* | | | | | | |

|  |  |  |
| --- | --- | --- |
| Juvenile’s Questionnaire | | |
|  | ***YES*** | ***NO*** |
| Do you understand the program and what will be expected of you? |  |  |
|  |  | |
| Are you willing to participate in the program? |  |  |
|  |  | |
| Do you see the P.D. Program as a privilege or a waste of your time? (circle) |  | |
|  |  | |
| Do you have any additional comments as to why we should or should not accept you into the P.D. program? | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |

I understand and have truthfully answered those questions that were asked of me.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Juvenile’s Signature: | |  | | Date: | |  |
|  | | | | | | |
| Referred By: |  | | | Agency: |  | |
| Posted (Program) | | | | | | |
|  | | | | | | |
| Posted (No Program)  Basic Mental Health and Education  GOALS Curriculum provided  Detainee posted (No Program) will not participate in Community Service projects or other activities outside of the facility. | | | | | | |
|  | | | | | | |
| Reasons for accepting/denying juvenile into the PD Program: | | |  | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |
| --- | --- |
| Conditions of acceptance: | must be willing to fully participate in all components of the program, |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Accepted / Denied by: |  | Date: |  |
|  |  |  |  |
| Reviewed by: |  | Date: |  |
|  |  |  |  |
| Probation Officer sent copy by Fax and/or Email | | | |