

# Community Residential Center (CRC)

## Central Ohio Youth Center

### Central Ohio Youth Center

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ DOB: \_\_\_\_\_

Committing Court/Placing Agency: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

After Hours Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Legal Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Significant Incident Reports to: \_\_\_\_\_ Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Copy of Court Order: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Special Conditions in Court Order:** \_\_\_\_\_

Medications: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescription for medication refills: \_\_\_\_\_ Yes \_\_\_\_\_ No

Copy of Medicaid Card: \_\_\_\_\_ Yes \_\_\_\_\_ No Copy of Insurance Card: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no insurance or Medicaid Card, placing agency will be billed for prescriptions, medical services, and lethality assessments.

Have parents/legal guardian signed Release information? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are parents/legal guardian willing to participate in family counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when are they available? \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

Placement upon release from COYC: \_\_\_\_\_

Home School District (for billing): \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

School Personnel Contact: \_\_\_\_\_

School Work: \_\_\_\_\_ School to provide \_\_\_\_\_ COYC to provide \_\_\_\_\_ Take GED Test at COYC

Has he/she been withdrawn from school? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_ HS Graduate

Number of Community Service Hours owed: \_\_\_\_\_

Primary care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

CSB caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist/Psychologist/Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Committing offense: \_\_\_\_\_

Level/degree of offense: MM M4 M3 M2 M1 F5 F4 F3 F2 F1