*** Secure Detention Referral Questionnaire***

*Unless indicated otherwise, all referral information should be directed to the PLYP Detention Director.*

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| ***CHILDS NAME:***  |
| ***CHILDS DOB:***       |
| ***WHAT ARE THE CRIMINAL CHARGES/LEVEL OF OFFENSE?*** |
| ***IS THE CHILD ON ANY MEDICATIONS?***  ***[ ] YES [ ]  NO (IF SO PLEASE LIST):*** |
| ***WHAT IS THE PLACING COUNTY?*** |
| ***AGGRESSION HISTORY? [ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***SEXUAL BOUNDARY ISSUES? [ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***CHEMICAL USE ISSUES/CURRENTLY UNDER THE INFLUENCE?***  ***[ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):*** |
| ***HISTORY OR CONCERNS OF*** ***[ ]  SELF-INJURIOUS BEHAVIORS OR*** ***[ ]  SUICIDAL ATTEMPTS/IDEATIONS?*** ***(IF SO PLEASE EXPLAIN):*** |
| ***ARE THERE ANY NO CONTACT ORDERS IN PLACE?*** ***[ ] YES [ ]  NO (IF SO PLEASE EXPLAIN):***  |
| ***ETA:*** |
| ***LIST ANY OTHER QUESTIONS OR CONCERNS YOU MAY HAVE:***      |

*Please be sure to include your contact information. Thank you!*