

Community Attention Admission Application & Face Sheet

Community Based Services

Participant Information - *Please provide as much information as possible where applicable or known.*

First Name:		Middle Name:		Last Name:	
Social Security Number:					
Current Address:				City:	
State:		Zip:		Telephone:	
Birth Date:		Place of Birth:		Gender:	Race:
Custody:					
<i>If applicant has had any court involvement, please indicate below.</i>					
Offense:		Offense Code:		JTS #:	Disposition: <input type="checkbox"/> Pre <input type="checkbox"/> Post
Source of Participant Information:			Fips Code:		
Referring Agency:					
Address:				City:	
State:		Zip:		Telephone:	
Caseworker:				Telephone:	
Caseworker Supervisor:				Telephone:	
Assigned Community Attention Advisor:					

Parent/Guardian Information - *Please provide as much information as possible where applicable or known.*

Biological Parents					
Father's Full Name:				Marital Status:	
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Employer:				Work Telephone:	
Mother's Full Name:				Marital Status:	
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Employer:				Work Telephone:	
Custodian, Legal Guardian, or Other Contact					
Other Name(s):					
Relationship (Stepfather/Mother, Grandparent, Foster Parent, Legal Guardian, etc.):					
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Emergency Contact					
Emergency Contact:					
Address:				City:	
State:	Zip:	Home Telephone:		Other (cell, email):	
Sibling Information - <i>attach extra sheet if necessary</i>					
Sibling Name:		Age:	Sibling Name:		Age:
Sibling Name:		Age:	Sibling Name:		Age:
Sibling Name:		Age:	Sibling Name:		Age:

Selection of Services

Place a check next to the desired service(s). To submit a completed application or learn more about service options, contact Program Supervisor, Misty Graves (434) 981-4014, fax: (434) 970-3577, or email: graves@charlottesville.org

Community Attention Community Based Services

- Teens GIVE Service Learning** Half-Day School Program After-School Program Summer Program
- Community Supervision** Community Support Service Electronic Monitoring Case Management
- Life Skills Groups** Anger Management Shoplifting Group Workplace Readiness
- Workplace Internship Programs** School Year Internship Summer Internship

Reason for Referral

Provide a brief description of areas of need and intended goals for the youth.

Court Involvement History

Include previous charges or violations.

Community Service Hours:	Restitution:	Deadline for completion:
Any individuals youth is restricted from seeing:	Restricted places:	

Behavioral Support Needs

Provide any behavioral risk information or protection needs that will assist in effectively supervising the youth.

Current Educational Placement and Needs

Identify current school placement, educational needs, current special educational services, and classifications.

School:	Grade:
Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Designation(If applicable):

Physical Needs or Health Concerns

Describe any significant needs/concerns, including any special nutritional needs, if applicable. Also list any medications, dosages, and reasons prescribed.

Pregnant? ____ if YES, please provide expected due date & hospital anticipated to supply delivery services	
<u>Medication</u>	<u>Reason</u>

Mental Health Concerns

Include any emotional needs, history of suicidal ideation or attempts, medication currently prescribed, any psychiatric hospitalizations or interventions, and DSM IV diagnosis, if applicable.

<u>Medication</u>	<u>Reason</u>
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Other Community Services/Agencies Involved