

Minnesota Correctional Facility-Red Wing  
**ADMISSION CRITERIA VERIFICATION AND INITIAL NEEDS ASSESSMENT**  
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**In accordance with Minnesota Rules Chapter 2960, MCF-RW will only accept male juvenile offenders who meet the facility's admission criteria. Court services staff must complete this form prior to admission.**

Offender: \_\_\_\_\_ DOB: \_\_\_\_\_ County: \_\_\_\_\_  
(last, first, middle)

This placement is the result of:  Condition of Probation  
 Commitment to the Commissioner of Corrections (**Warrant of Commitment and Court Order must be received prior to admission**)

Admitting offense: \_\_\_\_\_ Estimated date of arrival: \_\_\_\_\_

*Admission Criteria in Section I must be verified prior to admission by indicating a "yes" in the applicable category.*

**SECTION I – ADMISSION CRITERIA**  
(Per Minnesota Rules 2960.0070, 2960.0160, 2960.0250, and 2960.0330)

If Offender is a **SERIOUS OFFENDER** complete this portion:

- Yes Offender has been adjudicated for an offense which, if committed as an adult, would be included in Severity Level VIII through XI of the Minnesota Sentencing Guidelines (presumed imprisonment) (Revised August 2004).  
Offense: \_\_\_\_\_ Statute: \_\_\_\_\_
- Yes Offender has been adjudicated for an offense which, if committed by an adult, would meet the offense or offense conditions included in M.S. 609.11 (minimum sentence of imprisonment).  
Offense: \_\_\_\_\_ Statute: \_\_\_\_\_
- Yes Offender has been adjudicated for an offense and offense conditions which meet standards established in M.S. 260.125, Subd. 2a (2) (any felony level offense committed while using a firearm).  
Offense: \_\_\_\_\_ Statute: \_\_\_\_\_
- Yes Offender has been designated an Extended Jurisdiction Juvenile.  
Offense: \_\_\_\_\_ Statute: \_\_\_\_\_

If Offender is a **CHRONIC OFFENDER** complete this portion:

- Yes Offender has two or more current or previous felony level offenses and has experienced at least one court-ordered placement in a residential program with a duration of ninety days or more.  
Current Offense: \_\_\_\_\_ Statute: \_\_\_\_\_  
Previous Offense: \_\_\_\_\_ Statute: \_\_\_\_\_  
90 Day Placement: \_\_\_\_\_

If Offender is a **SEX OFFENDER** complete this portion:

- Yes Offender has failed to complete a court-ordered residential sex offender treatment program.
- Yes Offender has been court-ordered to complete sex offender treatment, but cannot gain admission.
- Yes Offender has completed a sex offender evaluation and is being admitted as the appropriate treatment option. (Must be pre-approved by MCF-Red Wing's Program Director)

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**SECTION II – INITIAL OFFENDER SCREENING**  
(Per Minnesota Rules 2960.0160)

- Offender is a danger to self or others.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender is vulnerable to abuse.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender has responsiveness issues regarding the gender of staff.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender has a history of chemical abuse.  Yes  No
- Offender has medical problems.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender has mental health issues.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender has specific cultural programming needs.  Yes  No  
If yes, briefly explain: \_\_\_\_\_
- Offender's family is interested in being involved in treatment activities.  Yes  No  
If yes, to what degree: \_\_\_\_\_

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**SECTION III – REQUESTED DOCUMENTATION**  
(Per Minnesota Rules 2960.0070 and 2960.0160)

Prior to or at the time of admission, please forward any screening/assessment results or other case file documents related to the areas below: (Please check all available to send)

- |   |   |
|---|---|
| <input type="checkbox"/> Circumstances leading to admission   | <input type="checkbox"/> Description of presenting problems, assets, and strengths                          |
| <input type="checkbox"/> YLS <input type="checkbox"/> Health <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education <input type="checkbox"/> Cultural <input type="checkbox"/> Vulnerability |
| <input type="checkbox"/> Psychological Evaluation   | <input type="checkbox"/> Sexually Abusive Behaviors <input type="checkbox"/> IEP (within 1 year)            |
| <input type="checkbox"/> Chemical Use (By Licensed Alcohol & Drug Counselor)                        | <input type="checkbox"/> Case/out-of-home placement plan  |
| <input type="checkbox"/> Related information from the offender and his family                       | <input type="checkbox"/> Other relevant screenings/assessments  |

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Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**PLEASE FORWARD FORM AND DOCUMENTATION TO:** **MCF-Red Wing - ATTN: Records - 1079 Highway 292 - Red Wing - MN - 55066**  
**Phone: (651) 267-3600 - Fax: (651) 267-3761**

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