

SOC SERVICES SCREENING FORM

Date: _____

PERSONAL / FAMILY INFORMATION

Minor's Name _____ P#: _____ DOB: _____ Age: _____ Race/Ethnicity _____
 Primary Language _____ SSN: _____ RAI _____ Allvest Risk _____
 Lives with: _____ Relationship _____ Language: _____
 Parent/Guardian _____ Marital Status _____ PO _____
 Parent/Guardian _____ Marital Status _____ Supervisor _____

Total number residing in home : _____ Number of other renters/people in home : _____
 Siblings (#) _____ Ages/Gender: _____
 Alternate/Extended Family Available: _____
 Minor's Strengths/Hobbies _____

ICWA _____ Tribe _____
 Other Circumstances of Parent(s)/Guardian(s) : _____
 Counseling: Yes No Therapist: _____ CMH _____ Health Ins: _____
 Medications: _____ Physician : _____
 Physical Health: _____ Specific Health Concerns _____
 Parent Health _____ Specific Health Concerns _____

SCHOOL INFORMATION

School: _____ Grade _____ IEP / Date _____ No
 School Status: _____

COURT INFORMATION / INTERVENTIONS

Next Court Date _____ Hearing Type : _____ Detention Status: _____
 Detention Rec: _____ Other: _____
 Prior Interventions _____ Other Interventions: _____ Other: _____
 Minor/Family Response/Participation (include behaviors) _____

CRIMINAL HISTORY

Prior Record : Sustained / Admitted charges ONLY

Date :	Crime: (Ex: 459, F, Burglary)	Description : (include victim Info)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Probation Violations:

Date:	Description / Type :
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUBSTANCE ABUSE/USE HISTORY

Primary Choice _____	Frequency: Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: _____
Secondary Choice _____	Frequency: Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Other: _____

Recent UA Results

Date	+/-	Substance	Date	+/-	Substance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous Substance Abuse Interventions: _____

Probation Officer's Comments/Desired Outcome: _____

Family's Desired Outcome : _____

Committee Recommendations / Comments : _____