

# Operation B.R.I.D.G.E - JUVENILE INTAKE FORM

*I understand that this is confidential information and it is in the best interest of my child to provide this information.*

## JUVENILE INFORMATION

Juvenile Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, Marks, Tattoos, Birth Marks: \_\_\_\_\_ Allergies: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

## GUARDIAN/CUSTODIAN INFORMATION

Parent / Guardian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Siblings Currently Living In the Home:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female

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## FAMILY HISTORY

Parental Substance Abuse: YES NO

Explain: \_\_\_\_\_

Abuse: YES NO Explain: SEXUAL PHYSICAL EMOTIONAL MENTAL

Explain: \_\_\_\_\_

Mental Illness or Health Handicaps in Family: YES NO

Explain: \_\_\_\_\_

Parental Incarceration: YES NO

Explain: \_\_\_\_\_

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**REFERRING AGENCY INFORMATION**

Referring Agency/Person: \_\_\_\_\_

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

**REFERRING REASON: Please check all that apply:**

- \_\_\_\_\_ **School Truancy** (chronic absenteeism or skipping school)
- \_\_\_\_\_ **Impulse Control Issues** (acting out without considering consequences)
- \_\_\_\_\_ **Runaway Behavior** (leaving home without permission, frequent attempts to leave home)
- \_\_\_\_\_ **Violent Behavior** (physical fights, assault, weapons possession)
- \_\_\_\_\_ **Theft or Property Crimes** (shoplifting, vandalism, trespassing)
- \_\_\_\_\_ **Parental Incarceration** (child affected by a parent in jail/prison)
- \_\_\_\_\_ **Post-Traumatic Stress Symptoms** (exposure to violence, abuse, or community trauma)
- \_\_\_\_\_ **Substance Use or Exposure to Drug Environments**
- \_\_\_\_\_ **Homelessness/Food Insecurity or Unstable Housing**
- \_\_\_\_\_ **Mental Health, Grief & Loss Issues** (death of a loved one, self-harm, abandonment)

**JUVENILE INFORMATION**

**Juvenile Substance Abuse:** YES NO

*Explain:* \_\_\_\_\_

**Juvenile Abuse:** YES NO *Explain:* SEXUAL PHYSICAL EMOTIONAL MENTAL

**Juvenile Mental Illness, Learning Disorder or Health Handicaps:** YES NO

*Explain:* \_\_\_\_\_

**Share your concerns about listed juvenile:**

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**Parents must agree to all items listed and this signed form must be submitted to Columbia Police Department (CPD) before child(ren) can attend any B.R.I.D.G.E activities/sessions.**

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**Photos:** Columbia Police Department Operation BRIDGE has permission to use photographs of children for promotional purposes only.

**Dismissal of Participating Youth:** Columbia Police Department Operation BRIDGE reserves the right to dismiss, in its sole discretion, any youth participant whose behavior is deemed unsatisfactory or detrimental or if parental commitment and participation is not fulfilled.

## **Youth Participation Agreement:**

- I agree to try my best in all activities and discussions.
- I agree to follow all program rules and guidelines.
- I agree to treat others with respect, including peers, mentors, and staff.
- I agree to participate in group activities and discussions.
- I agree to ask for help when I need it.
- I agree to communicate in a positive and appropriate way.

Juvenile's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Parental Participation Agreement:**

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS AND CONDITIONS AS EXPLAINED AND  **GIVE PERMISSION** FOR  **DECLINE PARTICIPATION**.

- I agree to have juvenile on time and in attendance at all scheduled sessions.
- I agree to encourage my child to follow the rules and guidelines of the program.
- I agree to attend required meetings, workshops, or events related to my child's progress.
- I agree to work in partnership with the program to help my child make positive changes.
- I agree to respect the confidentiality of other program participants and families.
- I agree to remain committed to my child's success beyond the program.

Parent/ Guardian Name (printed): \_\_\_\_\_

Parent/ Guardian Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_