

Youth Reentry Information Form

Name:

DOB:

Youth ID#:

Facility:

County of Return:

Housing

Availability/Need:

Family

Independent Living

Semi-Independent Living

Foster Care

History & Needs:

Strengths:

Plan & Identified Providers:

Physical Health

Type:

Medical

Immunizations Up To Date

Dental

Optical

Diagnosis:

Current Medications (including psychotropics):

History and Needs (include notations for physical/sexual abuse here):

Strengths:

Plan and Identified Providers:

Mental Health

Primary Therapist:

Diagnosis:

Axis I

Axis II

GAF

History and Needs (include notations for abuse/neglect/trauma; prior involvement with CMH):

Strengths:

Plan and Identified Providers:

Substance Abuse

Type:

Alcohol

Illegal Substance

History and Needs (please include notations for drugs used, parent substance use, treatments, etc.):

Strengths:

Plan and Identified Providers:

Historical Supports (per youth report)

Received Any of the Following:

Medical Insurance

Social Security Disability

Mental Health Insurance

Supplemental Security Income

Medicare/Medicaid

History and Needs:

Strengths:

Plan and Identified Sources:

Family Relationships, Peers and Social Supports

Family Members (include names of parents, relatives, legal guardians, siblings, significant other, children):

Social Supports (list 5 social support contacts and information – family, friends, community members – who can be relied upon to help with this youth’s re-entry):

Peer Relationships (include notations for network of friends, significant others, gang affiliations, etc.):

History and Needs (include notations for prior involvement with DHHS):

Strengths (note cultural and gender influences):

Plan and Identified Providers/Supports:

NOTE: Mandated reporters are required to report if a youth is having a sexual relationship with an adult.

Employment

Status:

Is Employable

Is Not Employable

History and Needs:

Strengths:

Plan and Identified Providers:

Legal

Type:

Guardian Assessment Recommended

Name and Address of Current Guardian:

History and Needs:

Strengths:

Plan and Identified Providers:

Education

Last Grade Completed:

Diploma

GED

History and Needs:

Strengths:

Plan and Identified Providers:

Other

Type:

History and Needs:

Strengths:

Plan and Identified Providers:

Transitional Team

(List all providers and supports that will assist in the transition from juvenile residential treatment facilities or programs to community)

Juvenile Re-Entry Care Coordinator

Signatures

MPRI MH – CHMP Team Member	Date
Juvenile Re-Entry Care Coordinator	Date