

**CROOK COUNTY JUVENILE DEPARTMENT**

**Family Questionnaire**

This information is needed by the Juvenile Department to assist you and your child during your contact with this office. The confidentiality of information on this form is governed by Oregon Juvenile Court laws.

**Please complete and bring with you to the intake interview.**

Today's Date: \_\_\_\_\_

**CHILD:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Residence: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Is child adopted?: Yes No What Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Native American Heritage/Name of Tribe: \_\_\_\_\_

Name of School Child is Currently Attending: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Length of Residence in Crook County: \_\_\_\_\_ Child's Employment history: \_\_\_\_\_

**LEGAL FATHER:**  Check if legal custodian for youth

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**LEGAL MOTHER:**  Check if legal custodian for youth

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STEPMOTHER:**  Check if legal guardian for youth  Check if legal custodian for youth

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**STEPFATHER:**  Check if legal guardian for youth  Check if legal custodian for youth

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**LEGAL GUARDIAN/LEGAL CUSTODIAN:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**BROTHERS / SISTERS AND/OR STEPBROTHERS / SISTERS:**

Give name, date of birth, and present address of all, from oldest to youngest. Please indicate if any child is or has been involved with this or any other public agency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is used as part of an assessment developed by the Oregon Juvenile Department's Directors' Association for use by Oregon County Juvenile Departments to identify risk and protective factors that put youth at risk of delinquency, and to use this information to guide and update decisions regarding level and type of intervention and/or supervision.

**1.0 DEMOGRAPHICS:**

1.1 Is English youth’s primary language?  Yes  No

1.2 If youth’s primary language is not English, what is it? \_\_\_\_\_

**1.3 Race/ethnicity/cultural heritage.**

Check all that apply.

01. <input type="checkbox"/> American Indian or Alaska Native	<i>(Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians; Cow Creek Band of Umpqua Tribe of Indians; Confederated Tribes of Grand Ronde; Klamath Tribes; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Sprints, etc.)</i>
02. <input type="checkbox"/> Black or African American	<i>(African American, Haitian, Nigerian, Afro-Caribbean, etc.)</i>
03. <input type="checkbox"/> Hispanic, Latinx, or Spanish Origin	
04. <input type="checkbox"/> Mexican	<i>(including Mexican American)</i>
05. <input type="checkbox"/> Please Specify:	<i>(Puerto Rican, Cuban, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)</i>
06. <input type="checkbox"/> White	<i>(German, Irish, English, etc.)</i>
07. <input type="checkbox"/> Asian	
08. <input type="checkbox"/> Asian Indian	
09. <input type="checkbox"/> Chinese	
10. <input type="checkbox"/> Vietnamese	
11. <input type="checkbox"/> Please Specify:	<i>(Filipino, Japanese, Korean, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.)</i>
12. <input type="checkbox"/> My race, ethnicity, or origin (if not listed above) is (please specify):	<i>(Native Hawaiian, Other Pacific Islander, Middle Eastern, North African, etc.)</i>
13. <input type="checkbox"/> Unsure	
14. <input type="checkbox"/> Prefer not to answer	

**2.0 SCHOOL ISSUES - Case Planning Domain: Education**

2.1 Does youth have significant attachments, beliefs or involvement within his/her school. Is youth motivated to do well in school?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

2.2 Has youth recently failed, or currently failing two or more classes, or not meeting minimal academic standards?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.3 Does youth skip school at least once a week or has he/she had more than four unexcused absences during the past month?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

- 2.4 Has youth stopped attending school or is he/she not currently enrolled?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 2.5 Has youth been suspended or expelled from school in the past six months?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 2.6 Has youth been suspended or expelled from school in the past month?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 2.7 Do families member(s) ask youth about homework and school activities, provide a quiet place for homework, assist youth with homework, and provide transportation if needed, communicates with youth's teachers or get the youth extra help when needed?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 2.8 Does youth have diagnosed learning disabilities or there is other concrete evidence of cognitive difficulties that include if a youth has an academic Individual Education Plan (IEP) or has been held back a grade level due to learning difficulties?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3.0 PEER AND OTHER RELATIONSHIPS - Case Planning Domain: Life/Social Skills:**

- 3.1 Does youth have friends that disapprove of unlawful behavior such as stealing, hurting others, vandalism?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 3.2 Does youth have friends that engage in unlawful or serious acting-out behaviors including delinquency, substance abuse or violent activities?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 3.3 Does youth have friends who have been suspended, expelled or dropped out of school?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 3.4 Has youth developed friendships and meaningful acquaintances with more than one other youth who is achieving academic excellence?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_
- 3.5 Does youth hang out with one or more other youth who use alcohol and/or drugs on a regular basis (at least once a week or several times a month)?  
 Yes  No Please describe \_\_\_\_\_  
 \_\_\_\_\_

3.6 Is there an adult in youth's life (other than parent) she/he can talk to?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

3.7 Does youth live in a low crime and/or lives in a neighborhood where there is stability and strong attachment to pro-social norms, such as law-abiding behavior, friendly interaction with neighbors or neighbors helping each other?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

**4.0 BEHAVIOR ISSUES - Case Planning Domain: Offense Specific**

4.1 **Starting before age 13** – has youth displayed chronic aggressive, disruptive behavior at school, such as stealing, fighting, bullying or relational aggression, such as nasty looks, shunning, starting rumors or gossiping?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.2 **During the past month** - has youth displayed aggressive, disruptive behavior at school, such as stealing, fighting, bullying, threatening, shunning, starting rumors or gossiping?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.3 Has youth received three or more police referrals for criminal offenses? (e.g. misdemeanor or felony charges such as burglary, theft, assault, vandalism – **do not include status offenses such as:** curfew violations, truancy, runaway or minor in possession of alcohol, or tobacco.)  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.4 Has youth been referred for a criminal offense at age 13 or younger? (e.g. misdemeanor or felony charges such as burglary, theft, assault, vandalism – **do not include status offenses such as:** curfew violations, truancy, runaway or minor in possession of alcohol, or tobacco.)  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.5 Is youth involved in extra-curricular or after-school activities (within or outside of school) such as sports, clubs, student or religious groups, practice music, theater or other arts?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.6 Has youth had repeated episodes (3 or more) of running away for short periods (1 to 3 days) or a single episode of running away for an extended period (1 week or more)?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.7 In past month has youth run away from home for at least one day?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

4.8 Has youth been charged with a violent crime at any time in the past or been violent or extremely threatening/aggressive toward others?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.9 In the past month, has youth carried a handgun or other illegal weapon, stolen a vehicle, been in a fight using a weapon, attacked someone with the idea of seriously hurting him/her, has youth sexually assaulted someone, or has youth driven a vehicle after drinking or using illegal drugs?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.10 Has youth ever attempted suicide, ridden in a vehicle with a teenage driver who has been drinking or using drugs, or done something dangerous because someone dared him/her to?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.11 Has the youth, in the past month, attempted suicide, has ridden in a vehicle with a teenage driver who has been drinking or using drugs, or done something dangerous because someone dared him/her to?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.12 Has youth displayed a pattern of behavior that is both impulsive and aggressive in nature? This could include recurrent episodes of poor anger control or reacting without thinking in a verbally or physically threatening way).

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.13 Has youth reported torturing animals or is there evidence youth has tortured animals? (does not include harm in connection with hunting or food preparation).

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.14 Does youth have a preoccupation with or use of weapons? (Include if referred by police for offense involving use of a weapon).

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

4.15 Does the youth have a history of setting fires?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

#### 5.0 **FAMILY FUNCTIONING - Case Planning Domain: Family**

5.1 Does youth routinely interact with other family members at variety levels This shared communication is both verbal and nonverbal and includes establishing and maintaining healthy relationship boundaries?

Yes  No Please describe\_\_\_\_\_

\_\_\_\_\_

5.2 Is there poor family control of youth such as the family does not know where youth goes, what youth does or with whom, and has little influence in such matters?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.3 Do people in youth's family often yell at or insult each other, in ways that make the youth uncomfortable or unhappy?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.4 Has there been any reports of abuse or neglect of this youth that have been investigated or have been substantiated?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.6 Does a family member or someone in youth's household have a history of criminal behavior that is having an impact on youth's current behavior?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.7 Does a family member or someone in youth's household have a history of substance abuse and drug related behavior that is having an impact on youth's current behavior?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.8 Has youth's family experienced separation/divorce, moving more than once, inadequate family finance to meet basic needs such as job loss, disability, chronic unemployment, prolonged or life threatening illness, death or abandonment in the past 12 months?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

5.9 Does youth enjoy spending time with parent or other family member, feels he/she can talk with them about issues that are important to him/her and/or feels at least one family member supports, encourages and recognizes pro-social achievements?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

## **6.0 SUBSTANCE ABUSE - Case Planning Domain: Substance Use**

6.1 Does youth use multiple drugs or combinations of drugs, alcohol/other drugs regularly, or does youth believes alcohol/drug use has caused or is causing problems in his/her life?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

6.2 Is youth having problems with school, the law, family, friends, or community related to alcohol/drug use?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

6.3 Has youth began use of alcohol or other drugs, or regular use of tobacco, at age 13 or younger?

Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

6.4 Youth has been high or drunk at school at any time in the past?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

**7.0 ATTITUDES, VALUES AND BELIEFS - Case Planning Domain: Life Skills**

7.1 Does youth reveal thought patterns, attitudes, values or beliefs which are accepting of criminal or delinquent behavior, drug use, and/or violence?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

7.2 Does youth not show empathy, remorse, sympathy or feelings for his/her victim(s)?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

7.3 Does youth accept responsibility for behavior?  
 Yes  No Please describe \_\_\_\_\_  
\_\_\_\_\_

**8.0 MENTAL HEALTH:**

8.1 Are you currently engaged in Mental Health Services:  
 Yes  No If yes, with whom: \_\_\_\_\_

8.2 In the past have you engaged in Mental Health Services:  
 Yes  No If yes, with whom: \_\_\_\_\_

8.3 Does youth struggle with:  
 Depression  Anxiety  Self-harm  Suicidal  Eating Disorder  Paranoia  
 Thoughts of harming others  Hear voices / See things that are not there.

**Other agencies which youth, siblings or parent/guardians have had contact with:**

- Juvenile Department  DHS/Child Welfare  Mental Health  Alcohol & Drug Treatment  
 Private Counseling  Adult Probation/Parole  Police  None

If so, identify name and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_