

North Central Ohio Rehabilitation Center

1440 Mt. Vernon Avenue, Marion Ohio 43302

Intake Packet

JOURNAL ENTRY MUST INCLUDE

A Journal Entry committing a youth to the North Central Ohio Rehabilitation Center must include certain information to comply with the Ohio Department of Youth Services Standards.

- Felony offense
- Felony offense level (i.e.: F5, F4, F3, F2, F1)
- Offense ORC code
- Youths date of birth
- Date youth will arrive at NCORC
- School district ordered to pay for educational cost
- Youth's home school ordered to provide NCORC with copies of school records
- Suspended commitment to ODYS and committed to NCORC for successful completion of the program (DO NOT place the youth in the custody or temporary custody of NCORC, legally we can not take custody of a youth)
- Parents (custodians) shall comply with all reasonable requests from the North Central Ohio rehabilitation Center.

DOCUMENTS CHECKLIST

- Copies of insurance information, child support, immunization records and birth certificate.
- (2) documents with social security number and Date of Birth

COVID-19 & DRUG TESTING

All youth who were not detained prior to commitment to NCORC, will be required to provide:

- Doctor's note or Health Department with negative test results for COVID-19
- Youth Drug Screening

Probation Department Report
North Central Ohio Rehabilitation Center
1440 Mt. Vernon Avenue
Marion, OH 43302

Youth's Name _____
Probation Officer Name _____
Committing Offense _____
County _____
Felony Level _____ ORC # _____
Disposition _____

Birth date _____
Social Security # _____
Height/Weight _____
Eye/Hair Color _____
Race _____

How long youth has been known to you _____

Please briefly explain the problem and reason for placement in NCORC:

Please check each of the following areas that you feel the youth could benefit from:

- | | |
|---------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Cultural Diversity |
| <input type="checkbox"/> Drug and Alcohol Education/Treatment | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Individual/Group Therapy | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Peer Mediation | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Victim Awareness |

Other,
(please list) _____

Court Records:

Please list all court contacts:

Date	Offense (Name and Level)	Disposition
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please list all individuals who this youth is court ordered to have no contact with:

Name	Address (if known)	Reason
1.		
2.		
3.		
4.		
5.		

Family Structure:

Mother's Name _____

Address _____

Phone # _____

Father's Name _____

Address _____

Phone # _____

Parents are: ___ Married ___ Divorced ___ Never Married ___ Deceased

Youth is in custody of

If custody is not with mother or father, please write address, phone #, and relation.

Does youth still have contact with both parents? ___Y ___N

If no, list parent youth does not have contact with. _____

Please list all persons living in the youth's home:

Name	Relationship	Date of Birth
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Please list parent's employment:

Mother

Father

Name _____
Address _____
Phone # _____
Shift /
Hours _____

Name _____
Address _____
Phone # _____
Shift /
Hours _____

Do you believe the parents are willing to participate in the NCORC program?

_____Y _____N

Explain _____

Briefly explain the family's economic situation:

Briefly describe youth's family history (type of home environment, family members with a criminal background, family members with an alcohol or drug problem, youth's relationship with family members, etc..)

Please list any out of home placements (foster care, residential treatment, etc..) that the youth has had. Please include type of placement, reason for placement, dates of placement, and length of stay in placement:

1. _____

2. _____

3. _____

School / Employment:

Home School _____ Grade

Level _____

Enrolled in: ___ Regular Ed. ___ SBH ___ LD ___ DH ___ MH ___ Not enrolled

Briefly explain youth's behavior in school. (Please include suspensions, average grades, attendance, etc..)

Would you rate the youth as intellectually: ___ Above Average ___ Average ___ Below Average

Please list youth's IQ score if known: _____

Please list youth's past and present employment:

Dates employed	Name	Job Duties
1.		
2.		

Drug/Alcohol Use:

Please check the drugs that the youth has abused:

___ Alcohol ___ Marijuana ___ Cocaine ___ Inhalants ___ Heroin

___ LSD

___ Other _____

How often does this youth use? ___ Daily ___ Weekly ___ Monthly

___ Other _____

Where do they obtain their drugs? _____

Please list drug/alcohol treatment that the youth has received:

When	Where	Therapist	Outcome
1.			
2.			

Gang Activity:

To your knowledge is youth currently involved in a gang: ___Y ___N

If yes:

Gang involved with _____ Length of involvement _____

Position _____

Was youth previously involved in a gang: ___Y ___N

If yes:

Gang involved with _____ Length has been out of gang _____

Counseling:

Please list counseling the youth has previously received:

When	Where	Why	Therapist	Outcome
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1. _____

2. _____

3. _____

Behavior:

Does youth have a violent history? ___Y ___N

If yes,

1. How often?

2. How expressed?

3. Who youth has become violent with?

Has youth attempted suicide in the past? ___Y ___N

If yes,

1. Number of attempts _____

2. Dates attempts occurred:

3. How youth attempted:

4. Reason youth attempted:

Has youth attempted an escape from any type of correctional facility in the past?

___Y ___N

If yes, please list:

Date	Location	Success (Y/N)	How attempted
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1.

2.

3.

Victim:

Does youth display victim empathy? ___Y ___N

Please list victims of committing offense:

1. Name _____

2. Address _____

4. Relation to offender _____

5. Physical Injuries _____

6. Psychological Impact:

Please give any additional information which may be pertinent

Probation Officer Name

Date

Phone Number

Fax Number

Please check off items included:

_____ Visitation List

_____ Offense Report

_____ Journal entry (including felony, level, orc #, and sentence)

Offense Report

Youth name: _____

Did youth have legal representation for NCORC admitting disposition? _____

- Was the attorney:
1. Private
 2. Court appointed
 3. Not applicable

Number of days in detention prior to disposition: _____

Number of days in detention after disposition: _____

Number of other offenses adjudicated as part of this admission (excluding current offense) to NCORC:

None: ___ F1 ___ F2 ___ F3 ___ F4 ___ MISD ___ UN ___ VCO ___

Property damage? _____

Weapon used? _____ Type? _____

Age of victim, if an offense against person: _____

Victim's relationship to offender: _____

Victim physically injured: _____

Age at first adjudication: Years _____ Months _____

Number of adjudications (excluding current and committing offenses):

None: ___ F1 ___ F2 ___ F3 ___ F4 ___ MISD ___ UN ___ VCO ___

Most serious prior disposition:

- | | |
|--------------------------------------|-------------------------|
| 1. DYS commitment | 5. Non-Secure placement |
| 2. Secure placement | 6. Suspended commitment |
| 3. Prior commitment to this facility | 7. Other, Specify _____ |
| 4. Probation | 8. Not applicable |

Prior DYS number _____ - _____ None _____

Was youth enrolled in school at time of offense? Yes _____ No _____

Type of education program:

- | | | |
|----------------------|---------------|-----------------|
| 1. Mainstream | 5. Vocational | 9. Expelled |
| 2. Special education | 6. Suspended | 10. Dropped out |
| 3. Home instruction | 7. GED | |
| 4. Chapter One | 8. Graduated | |

Current grade in school: _____ Not enrolled: _____

Was youth employed at the time of the offense? _____

Substance use? _____

Substance abuse? _____

Type of substance: Alcohol ___ Drugs ___ Both ___ Not applicable ___

Prior substance abuse treatment: None ___ Residential ___ Outpatient ___