

BARNSTABLE COUNTY SHERIFF'S YOUTH PROGRAMS INTAKE APPLICATION
1445 Osterville/W. Barnstable Rd., W. Barnstable, MA 02668 (508) 375-6128

(Intake completed by: _____ Date: _____) form revision: 9/09/04

Child's Last Name: _____ First Name _____ (M.I. _____)

Date of Birth: _____ Age: _____ Gender: _____

Race (circle): White, Black, Hispanic/Latino, Asian/Pacific Islander, Native Alaskan or American Indian, Mixed, Other: _____

Relationship to Child:	Mother:	Father:	Other: _____
Parent/Guardian name:			
Street Address:			
Mailing Address:			
Town & Zip:			
Phone: Home / Cell			
Email address:			
Place of Employment:			
Work Phone if OK to call			
Best way to reach you:			
Child lives with:			
Siblings (names & ages):			
Family Risk Factors: (circle all that apply) Divorce, Death, Other Loss, Addiction, Incarceration, Chronic Health Issues, Recent Moves, Physical Abuse, Sexual Abuse, Emotional Abuse or Neglect, Other: _____			
Explanation/Comments:			

Emergency Contact during program: _____ Phone: _____ Relationship to child: _____

School: _____ Grade: _____ SPED or IEP?: _____
 School Contact: _____ Phone: _____

Family Health Insurance Carrier: _____ (Check here if child has no health insurance)

Medical or Mental Health Issues: _____

Medication: _____

Physician: _____ Phone: _____ FAX: _____

Counselor/Therapist: _____ Phone: _____ FAX: _____

Probation Officer: _____ Phone: _____ FAX: _____

-Current Delinquency or CHINS: _____ Age of first court involvement: _____

DA Diversion Caseworker: _____ Phone: 362-8113 FAX: 362-8221

DSS Contact Person: _____ Phone: _____ FAX: _____

Other Service Provider: _____ Phone: _____ FAX: _____

TRANSPORTATION: Do you have any problem providing transportation to and from the program? No _____, Yes _____

Referred by (circle): Self, Parent, School, Juvenile Court (Diversion, Probation, CHINS), DSS, Other: _____

Name of person referring child to program: _____

Primary Reason for Referral to this Program: _____

RELEASE OF INFORMATION:

I give my permission for the Barnstable County Sheriff's Office staff working with my child to share information as necessary with any of the people named in this application (school, counselor, court, DSS, DYS, physician, etc.), and to do a criminal background check (CORI report) on the child named above.

Signature of Parent/Guardian: _____ Date: _____

RELEASE OF LIABILITY, MEDICAL RELEASE, AND MEDIA RELEASE FORM

(PLEASE FILL OUT COMPLETELY. INITIAL AND SIGN WHERE INDICATED) *form revision: 9/09/04*

Applicant Name: _____ **Date of Birth:** _____

Those persons signing this form agree to and understand that this form includes the good faith waving of certain valuable rights in exchange for participation in any Barnstable County Sheriff's Office Youth Program or related activity. By signing this form they acknowledge that they are releasing the Sheriff's Office and other parties of liability for themselves and, if applicable, for the above named individual who is either their natural minor child or minor child in their legal guardianship. I recognize that participation in various physical activities involves subjecting oneself and others to risk of injury, and agree to obey the safety standards of the program and the instructions of the Youth Program staff, as well as hold all parties free from liability.

Medical Release/disclosure: _____ (initial)

I/we understand that the programs and exercises in this program are voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. Please identify any physical or emotional conditions which might limit or affect participation, or make the applicant susceptible to injury: _____

Authorization for Emergency Treatment: _____ (initial)

I hereby give permission for the minor named above to receive emergency medical treatment, including hospitalization, in the event I/we cannot be reached in an emergency. The completed form may be photocopied for trips outside of the Sheriff Office's Youth Programs' facilities.

Photo/Media Release: _____ (initial)

The undersigned grant the Barnstable County Sheriff's Office, the Barnstable County Deputy Sheriff's Association, their officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving the applicant/participant, for use in materials that the agencies, described herein, may compile and distribute.

Release of All Claims: _____ (initial) (LIABILITY RELEASE)

I/we have read this form and are aware of and understand that in consideration of (in exchange for) the right of the applicant/participant to participate in the program(s) noted, the applicant (including: themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, the Barnstable County Sheriff's Office, the Barnstable County Deputy Sheriff's Association, Barnstable County, the Town of Barnstable and all their officers, employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my participation in the above mentioned program or activity including costs and reasonable attorney fees. The terms herein shall serve as a release not only for the Youth Program participant but also apply to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. (For a parent or guardian signing for a minor, they agree to these terms for the minor, for themselves individually and as a parent or guardian.) The parties signing this form acknowledge that the Barnstable County Sheriff's Office and the other agencies mentioned have relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s).

I/we have read and understand this form, have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program(s).

If you have any questions call the Youth and Prevention Programs office at (508) 375-6128.

(applicant's signature) _____ Date
(printed name)

(if under 18 the signature of a parent or guardian is also required) _____ Date
(parent or guardian's signature)
(printed parent or guardian's name)

Relationship to applicant/participant: _____

Parent Name: _____

Date: _____

Child Name: _____

form revision: 9/15/04

Directions: Please check one of the three columns for each item to evaluate your child’s current behavior. (You may circle or add notes to describe current behavior. Use back side if needed.)

<u>Child Risk Behavior Inventory:</u>	Not True At All	Somewhat True	Very True
1. Often sad, or depressed.			
2. Often worried, anxious, or fearful.			
3. Refuses to eat, or overeats.			
4. Difficulty stopping activity and getting to sleep at night.			
5. Difficulty waking up and beginning activity in the morning.			
6. Frequent headaches, stomach aches, sick, or physical complaints.			
7. Few or no friends.			
8. Chooses to isolate him/herself socially.			
9. Bullied or picked on by peers.			
10. Easily influenced by peers.			
11. Negative peers (tobacco, alcohol, drugs, school problems, crime).			
12. Attracted to crime or gang activity.			
13. Easily distracted. Difficulty concentrating.			
14. Doesn’t think before acting.			
15. Restless. Fidgeting.			
16. Does tasks poorly or fails to complete tasks.			
17. Refuses to do chores.			
18. Argues about rules.			
19. Defiant and disobedient.			
20. Refuses to obey even if threatened with punishment.			
21. Fails to respond to rewards.			
22. Runs away from home.			
23. Secretive. Sneaky.			
24. Lying.			
25. Stealing.			
26. Careless or messy with possessions.			
27. Destructive to property.			
28. Sets fires.			
29. Constantly seeking or demanding attention.			
30. Angry. Hot tempered.			
31. Tantrums. Yelling. Screaming.			
32. Verbally fights with parents, peers, siblings, or others.			
33. Physically fights with parents, peers, siblings, or others.			
34. Possession or use of weapons.			
35. Abuses animals.			
36. Refuses to go to school, skips school.			
37. Doesn’t care about doing well in school.			
38. Spends less than an hour a day on homework.			
39. Failing grades in school.			
40. Disruptive school behavior (detention, suspension, etc).			
41. Uses tobacco products.			
42. Use of alcohol, marijuana, or other drugs.			
43. Sexually active.			
44. More than 2 hours a day of “screen time” (TV, video games, internet, etc.).			
45. Refuses to participate in positive activities (sports, church, drama, work, etc.).			
46. Other: (any other behavior that describes your child) _____ _____			

Things I Do Well As a Parent/Caregiver

Circle the number showing how often you do the following with your youth:

		Seldom	sometimes	often
1	Wait to deal with problems until I have cooled down.	1	2	3
2	Say, "I love you".	1	2	3
3	Help my youth understand what the rules are.	1	2	3
4	Spend fun time together as a family	1	2	3
5	Let my youth know what the consequences are for breaking the rules.	1	2	3
6	Give compliments and special rewards when my youth follows the rules.	1	2	3
7	Follow through with consequences each time he or she breaks a rule.	1	2	3
8	Give hugs.	1	2	3
9	Attend parent-teacher conferences as school	1	2	3
10	Go to see my youth in sports, music, or other activities.	1	2	3
11	Explain how chores should be done and when they must be finished.	1	2	3
12	Spend special time one-on-one with my youth.	1	2	3
13	Let my youth know the reason for the rules we have.	1	2	3
14	Listen (without lecturing) when my youth is upset.	1	2	3
15	Have regular times for homework.	1	2	3
16	Let my youth know I am proud when they accomplish something hard.	1	2	3
17	Work together with my youth to solve problems that come up at home.	1	2	3
18	Try to see things from my youth's point of view.	1	2	3
19	Let my youth know what I expect regarding alcohol, tobacco, and drug use.	1	2	3
20	Help my youth figure out how to deal with a difficult situation with friends or at school.	1	2	3
21	Include discussions about punishments and rewards at our family meetings.	1	2	3
22	Keep track of my youth's whereabouts when they are with friends.	1	2	3