



DEMOGRAPHIC & RISK PROFILE

YOUTH & ADULT

Agency/Program Name

Date of Profile

Youth Cyber ID

Intensity of Service Choose an item.

Care Management Organization Choose an item.

DCPP Involvement

Is the youth involved with DCPP? Yes No

If yes, please specify one of the following: Choose an item.

Court Involvement

Is the youth involved with court? Yes No

If yes, please indicate vicinage:

Select one or more of the following: Court Ordered Probation Parole

Functional Needs

Please indicate a "yes" or "no" response for each and if "yes", comment in text box. Additional comments may be included at the end of the document.

Select Yes or No	Item	Comments
<input type="radio"/> Yes <input type="radio"/> No	Required wheelchair or other mobility device	
<input type="radio"/> Yes <input type="radio"/> No	Other ADA needs	
<input type="radio"/> Yes <input type="radio"/> No	Durable medical equipment	
<input type="radio"/> Yes <input type="radio"/> No	Special transportation needs	
<input type="radio"/> Yes <input type="radio"/> No	Communication device (e.g. PECS)	
<input type="radio"/> Yes <input type="radio"/> No	Deaf or hard of hearing	
<input type="radio"/> Yes <input type="radio"/> No	Blind or visual impaired	
<input type="radio"/> Yes <input type="radio"/> No	Allergies Does the youth have an epi-pen?	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	Other, indicate needs	

Clinical Information

DSM5 Diagnosis

Medications

Please list all current medications,
dosage, administration schedule
and any associated risks

Risk Profile

Please indicate a "yes" or "no" response for each and if "yes", comment in text box. Additional comments may be included at the end of the document.

Select Yes or No	Item	Comments
<input type="radio"/> Yes <input type="radio"/> No	Medical comorbidities	
<input type="radio"/> Yes <input type="radio"/> No	Non-adherent to medications	
<input type="radio"/> Yes <input type="radio"/> No	Asthma Does the youth have an inhaler? <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Yes <input type="radio"/> No	Pica	
<input type="radio"/> Yes <input type="radio"/> No	Pregnant (if yes, how many weeks)	
<input type="radio"/> Yes <input type="radio"/> No	Meghan's Law registry – if "Yes", indicate Tier	
<input type="radio"/> Yes <input type="radio"/> No	Risk for sexual offending (High, Medium, Low)	
<input type="radio"/> Yes <input type="radio"/> No	Fire setting (Level 1, 2, 3)	
<input type="radio"/> Yes <input type="radio"/> No	Sexually reactive	
<input type="radio"/> Yes <input type="radio"/> No	Suicidal	
<input type="radio"/> Yes <input type="radio"/> No	Homicidal	
<input type="radio"/> Yes <input type="radio"/> No	Gang Involvement	
<input type="radio"/> Yes <input type="radio"/> No	Aggressive	
<input type="radio"/> Yes <input type="radio"/> No	Actively psychotic	
<input type="radio"/> Yes <input type="radio"/> No	Self-injuring behavior	
<input type="radio"/> Yes <input type="radio"/> No	Self-stimulatory behavior	
<input type="radio"/> Yes <input type="radio"/> No	At risk for substance use	
<input type="radio"/> Yes <input type="radio"/> No	Withdrawing from substances	
<input type="radio"/> Yes <input type="radio"/> No	Elopement risk	
<input type="radio"/> Yes <input type="radio"/> No	Does the resident have children residing in the program with them	
<input type="radio"/> Yes <input type="radio"/> No	Other risk factors – if "Yes", indicate in text field	

Additional Comments