

CARROLL COUNTY SERVICE COORDINATION / RISK ASSESSMENT

Name of Youth _____/Date Completed: _____

Completed by: _____ Title/Agency _____

<p>Suicide Ideation, gestures, or attempts: Ideation: Youth states, talks, or thinks about hurting or killing self. ___ Current ___ Unknown ___ History ___ Not applicable Gesture: Youth engages in non-life threatening behavior, concurrent along with thoughts and/or talk about suicide. ___ Current ___ Unknown ___ History ___ Not applicable Attempt: Serious life-threatening attempt with clear intent and desire to commit suicide. (attempted hanging; potentially lethal overdose; involvement of a gun) ___ Current ___ Unknown ___ History ___ Not applicable</p>	<p>Self-Injurious Behaviors: Self-harming behaviors that are not life threatening and may be of a chronic nature such as: cutting, head banging, ingestion or insertion of objects. ___ Current ___ Unknown ___ History ___ Not applicable</p>
<p>Violent Behaviors: (Towards others, animals or property) Behaviors that cause serious harm, injury, or damage to people, property or animals. Example: domestic violence, animal torture, extensive property damage with intent to harm. ___ Current ___ Unknown ___ History ___ Not applicable</p>	<p>Fire Setting Behaviors: Fascination with fire, play with matches or objects that have the potential to set fires and harm self or others. Previous reports of fire setting or a pattern of concerns related to fire. ___ Current ___ Unknown ___ History ___ Not applicable</p>
<p>Chargeable Sex Offense: Youth has admitted to or has been charged with a sexual offense, or is part of a current sexual offense investigation. ___ Current ___ Unknown ___ History ___ Not applicable</p>	<p>Runaway: History or recent episodes of youth being absent from home without the permission of the caregiver's knowledge of the youth's whereabouts. ___ Current ___ Unknown ___ History ___ Not applicable</p>
<p>Negative peer involvement or gang activity: Peer or gang involvement that results in negative behaviors by the youth. ___ Current ___ Unknown ___ History ___ Not applicable</p>	<p>Aggressive Behaviors (Towards animals, property, others, etc): Youth demonstrates behaviors that are potentially dangerous or harmful to people, property, or animals, without serious damage. Examples: Bullying; threatening. ___ Current ___ Unknown ___ History ___ Not applicable</p>
<p>Verbal or Written Threats to Others: Youth states or writes threats of harm toward people, places, or things. ___ Current ___ Unknown ___ History ___ Not applicable</p>	<p>Suspended, Expelled, or Dropped out of School: Youth has multiple suspensions from school that places him /her at risk of expulsion, is expelled from school, or has dropped out of school. ___ Current ___ Unknown ___ History ___ Not applicable</p>

Name of Youth _____

<p>Sexual Acting Out: Youth has a recent or current history of sexually active behaviors without regard for personal safety or negative outcomes. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Depression/Mania: Youth or parents state that the youth appears to be depressed, withdrawn, and/or shows marked diminished interest or pleasure in activities and/or period of abnormally and persistently elevated, expansive or irritable mood. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>
<p>Youth uses drugs or alcohol: Youth admits to use of alcohol or drugs, or drug screen for youth tests positive. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Hears voices or sees things: Youth states hearing voices or seeing things that are not based in reality. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>
<p>Impulsive Behaviors: Youth exhibits behaviors without thought or planning that are potentially dangerous or harmful to self or others. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Anxiety: Youth has intense anxiety, avoidance; obsessions, compulsions, fearfulness or persistent and excessive worry. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>
<p>Anorexia, Bulimia or Obesity: Youth exhibits or is known to have clear patterns of bingeing/purging or abnormal amounts of limiting food with significant weight loss which concerns the parent or caregiver; youth is morbidly obese. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Victimization: Reports of sexual and/or physical abuse of the youth, past or present. [Professional must follow duty to report mandate if this event has not already been reported.] <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>
<p>Known/Suspected Criminal Activity: Youth is suspected of, or admitted to, being involved in activities that are chargeable offenses; has current pending court charges for criminal behavior(s); or the youth has been found "guilty" of criminal charges. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Acute Family Crisis: Family is experiencing a crisis (family defined) that restricts or limits their resources or abilities to care for or monitor/supervise youth's safety or behaviors. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>
<p>Availability of Weapons: Youth has access to obtaining weapons through self, family, friends, or neighbors. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>	<p>Family Conflict: Verbal or physical family disagreements that pose a real or potential risk or safety concern to the youth and/or family. <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable</p>

Name of Youth _____

<p>Severe Social Impairment: Youth has severe social interaction problems or misperceives social situations and youth's behavior causes safety issues for self or others, and/or youth has strong reaction to their environment or sensory input that interferes with normal functioning.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicab </p>	<p>Poverty, Youth's Lack of Stable Residence/Homelessness: Youth does not have consistent ongoing housing, which may lead to additional instability and safety concerns or caregiver lacks resources to meet basic needs of youth.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>
<p>Limited Developmental Capacity to Maintain Personal Safety: Youth's personal safety is at risk due to his or her inability to maintain personal safety and care for self independently.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>	<p>Tuancy: Admitted or reported failure to attend school on a regular basis, which may result in legal action.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>
<p>Limited Ability to Control Anger: Youth demonstrates difficulty in managing emotions with limited abilities in controlling or managing his/her anger.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>	<p>Current Placement Suspected Child Abuse: Abuse is suspected or alleged by current caregiver/guardian, which places the child at imminent risk or danger.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>
<p>Resides in high crime area/neighborhood/: Youth and/or caretaker report that crime/violence in vicinity/neighborhood is at a level that is a potential safety issue for the youth and family. Normal daily activity and functioning is limited because of these safety concerns.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>	<p>Held Back/Behind in Grade: Youth has been retained one or more years in school.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>
<p>Lack of caregiver supervision or behaviors that overwhelm caregiver resources: Insufficient adult monitoring and supervision, given the youth's age and/or disability, and without regard for safety or negative outcomes or such severe behavior caregiver cannot adequately address safety of youth</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>	<p>Unrestricted Internet Access: Evidence and/or exposure to internet sites that pose a risk or danger to the youth; online interactions without sufficient monitoring or computer safeguards; and/or unlimited to internet usage.of access</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>
<p>Parent/Caregiver with chronic/acute mental illness, developmental delay, or mental retardation: Birth or adoptive parent/caregiver has significant mental illness, developmental disability, where the disability compromises or limits his or her ability to care for the needs of youth and family. Caregiver's disability may limit their ability to care for the needs of youth and family. Caregiver's disability may limit their ability to monitor and supervise the youth.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>	<p>Parent/Caregiver with severe chronic illness: Birth or adoptive parent/caregiver has significant chronic illness that is debilitating and limits her or her ability to care for the needs of youth and family. Caregiver's illness may limit their ability to monitor and supervise the youth.</p> <p style="text-align: center;"> <input type="checkbox"/> Current <input type="checkbox"/> Unknown <input type="checkbox"/> History <input type="checkbox"/> Not applicable </p>

Parent/Caregiver with Drug or Alcohol Problem: Birth or adoptive parent/caregiver has a substance abuse problem which compromises or limits his or her ability to care for the needs of youth and family. Such use may limit their ability to monitor and supervise the youth.

Current Unknown
 History Not applicable

Trauma Experience: There is credible evidence/information that indicates physical abuse or sexual abuse experience and/or other traumatizing experience including (not limited) domestic violence, serious accidents, neglect, torture, abandonment, community and school violence.

Current Unknown
 History Not applicable

Identify the expectations you have or what you hope to accomplish by making a referral to Wrap-around Service Coordination: _____

FORWARD WHEN COMPLETED (SCAN AND EMAIL; REG MAIL; FAX) TO CCFCFC: (330) 627.3201 (phone & Fax) PO Box 183, Carrollton, 44615; jburns@carrollcountyohio.us