

FRCC YOUTH INFORMATION PACKET

CHECKLIST

Unless otherwise noted all FRCC meetings are held on Wednesdays at the CSOC Office located at 11716 Enterprise Dr., Auburn, CA, 95603 530-886-6700
Please fill in all applicable fields and have this packet signed by your supervisor. All packets are due by 1pm the Thursday prior to the scheduled FRCC.

Youth's Name: **DOB:** **AGE:** **Today's Date:**

Name of person completing packet:

Supervisor's Name: **Signature** _____

Manager's Name: **Signature** _____

IF AN INTERPRETER IS NEEDED, NOTIFY FRCC SCHEDULER IMMEDIATELY.

**Copies provided of the EPSDT Notice and TBS Notice to review with client
and their representative on**

Received FRCC approval from Supervisor and Panel Member

Emergency Placement Authorization from and on

Please note all pertinent persons notified of the FRCC process with name and date:

Parents/Legal Guardian/Care Provider of FRCC on Name:

Youth (over 10 years) of FRCC on Name:

Probation/Social Worker/FACS worker on Name:

Juvenile Detention Facility on Name:

Wraparound/Placement worker on Name:

FFT/FSC/EMQ counselor on Name:

School/Teacher/Psychologist/RSP Teacher/PCOE SELPA on Name:

Requested School Records:

Discipline/Expulsion Attendance Transcript IEP

Youth's group home or the Children's Emergency Shelter on Name:

Therapist on Name:

Attorneys for Delinquency and/or Dependency on Name:

Sierra Native Alliance on Name:

**Latino Leadership on Name: What is the legal status of the youth? Dependency (300)
Delinquency (601/602/654/725) Both**

Recommendation or desired outcome of Worker:

Recommendation or desired outcome of Family:

Recommendation or desired outcome of Youth:

Previous FRCC date: and recommendation:

YOUTH'S PERSONAL HISTORY

Youth's Name: _____ **AKA:** _____
Home Phone: _____ **Cell Phone:** _____
Address: _____ **City:** _____ **Zip Code:** _____

How Long at Residence: _____ **With Whom:** _____
What is the family composition and who lives in the home?
Primary language: _____ **Race:** _____ **Ethnicity:** _____

U.S. Citizen: Yes No **If no, country of citizenship:** _____
Placer County Resident: Yes No
Are any reasonable accommodations needed or any culturally sensitive services: Yes No
If yes, identify? _____

Does the Youth or Family identify with any particular ethnic, cultural, or community group? Yes No
If yes, please identify the group: _____

Years Lived in Placer County: _____ **Previous County/State:** _____

Hobbies/Interests: _____

Clubs/Organizations: _____

Educational Goals: _____ **Career Goals:** _____

Does youth have Probation (past or present) in another county: Yes No **If yes, what county?** _____

Gang Affiliation: No Yes **If yes, affiliated with:** _____

Please list all received system services (dependency and delinquency): _____

FATHER/STEP FATHER'S NAME(S)	BIRTHDATE /AGE	MOTHER/STEP MOTHER'S NAME(S)	BIRTHDATE

BROTHERS' NAME(S)	BIRTHDATE /AGE	SISTERS' NAME(S)	BIRTHDATE

ADDITIONAL RELATIVES/NON- RELATIVES/ SUPPORTS NAME(S)	RELATIONSHIP	ADDRESS	PHONE #

Criminal History of Immediate Family (parents/siblings): _____

Drug History of Immediate Family (parents/siblings), Explain:

History of Abuse: Family Minor(s)

Has youth ever participated in individual or group counseling? Yes No

Date:

Date:

Date:

Treatment Provider(s):

YOUTH'S/FAMILY'S MEDICAL HISTORY

Medical Insurance: Yes No

Type of Medical Insurance:

Primary Care Provider

Last Medical Exam:

How long with provider:

Serious Illness or Injuries:

Current prescribed Medications (list all w/ dates):

History of Psychiatric Hospitalizations (list all w/ dates):

Use of Illegal Drugs or Alcohol: Yes

No Age First Used:

How Often:

Types of Illegal Drugs or Alcohol used: For how long?

Does youth have a Psychological Evaluation: Yes No If yes, include most recent copy

Are there risks or concerns for the youth's health?

Immunizations up-to-date: Yes No

Are there any physical health concerns for the minor?

Are there any mental health diagnoses or concerns for the minor?

Are there any family health concerns?

Are there any family mental health diagnosis or concerns?

YOUTH'S SCHOOL HISTORY

School of Attendance:

Credits Completed:

Ed Rights Holder:

How are school peer/staff relations?

How are relationships with school staff?

School Attendance: Good Fair Poor

Number of absences:

School Behavior: Good Fair Poor Describe behavior:

Special Education: Yes No Explain:

Who maintains the youth's education rights?

Does youth have an active IEP: Yes No If yes, include most recent copy of IEP

Grades: Good Fair Poor GPA: Year in School: Credits:

Does this youth have a school based Psychological Evaluation: Yes No If yes, include most recent copy

Is SELPA involved in the child's education: Yes No If yes, who?

Does the youth have a Student Study Team: Yes No

PARENT'S PERSONAL HISTORY

Father's Name:

Address:
Home Phone: **Cell Phone:** **Email address:**
Age: **Birthdate:** **Birthplace:**
Occupation: **Employer:**

Mother's Name: **Maiden Name:**
Address:
Home Phone: **Cell Phone:** **Email address:**
Age: **Birthdate:** **Birthplace:**
Occupation: **Employer:**

Parents Married: **Parents Separated:** **Divorced:**
Father Remarried: **Mother Remarried:**
Custody of Child/Children:

Step-Father's Name:
Address:
Age: **Birthdate:** **Birthplace:**
Occupation: **Employer:**

Step-Mother's Name: **Maiden Name:**
Address:
Age: **Birthdate:** **Birthplace:**
Occupation: **Employer:**

SAFETY

What are the strengths in this area?
Are there risks or concerns for the youth's safety?
Is the youth safe?
Are there other risks?
Additional information:

HOME ENVIRONMENT

What is working for the family in the home environment?
What are concerns in the home?
List all received system services for Parents or family if different then child (dependency and delinquency):