

INTAKES PLACEMENT

OMB Control No: 0970-XXXX

Expiration date: XX/XX/XXXX

TO BE COMPLETED BY INTAKES	
*First Name:	<input type="text"/>
*Last Name:	<input type="text"/>
*A Number:	<input type="text"/>
DOB:	<input type="text"/>
Age	<input type="text"/>
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:	<input type="text"/>
Re-Apprehension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intake Staff Name:	<input type="text"/>

INITIAL PLACEMENT DECISION	
Date of Initial Placement:	<input type="text"/>
Program Name:	<input type="text"/>
Program Type:	<input type="text"/>
*OVERRIDE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Placement Matrix	
Initial Placement Score:(Sum of scores for questions 1 to 5):	<input type="text"/>
Initial Placement Score	Recommended Placement Type

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average .50/ hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

0-5	Shelter	<input type="checkbox"/>
6-7	Staff-secure FAST	<input type="checkbox"/>
8-12	Staff-secure	<input type="checkbox"/>
13+	Secure - FAST	<input type="checkbox"/>

**Is this a FAST placement?**

*Note: If an upward override is used, the placement will also be treated as a FAST placement, and "Yes" should be selected.*

Yes  No

**Are additional therapeutic services required?**

Yes  No

**Is this an override of the Placement Matrix?**

Yes  No

I  confirm that DCS supervisor  approved this override on date:

**If this is an override, fill in the blanks:**

, time:  in a

Phone Call  in-person conversation  email

**Justification for Override:**

**PART A: DANGER TO OTHERS**

In order to establish the appropriate placement, ORR/DCS must assess the risk the UC poses to others.

**Question 1. Delinquency/criminal record**

Take into account a UC's prior arrests, charges, and adjudications. You should select ONLY the highest score applicable to the UC's delinquent/criminal record. For guidance on scoring specific offenses, see the Program Guidance. Note that dropped charges should be scored differently during Intakes and FAST reviews; see the Program Guidance for an explanation.

	Score	Int.	Fac.	FFS
<b>No indication</b>	<b>0</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-violent offenses</b>				
<b>One or multiple petty offenses only</b> e.g. disorderly conduct, disturbing the peace, drug possession, DUI, false ID, public intoxication, resisting arrest, shoplifting, technical probation violation, vandalism	<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-petty offenses (no violence/weapons)</b> e.g. smuggling, breaking and entering, burglary, car theft, drug distribution, fighting, prostitution, statutory rape without violence or intimidation, threats				
	<b>One incident 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Violent/weapons offenses</b>				
<b>Possession of non-firearms weapons</b> e.g. possession of brass knuckle, possession of a knife				
	<b>One incident 7</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Violent offenses</b> e.g. assault, battery, robbery (No weapons involved, but can include use of hands, fists, etc.)				
	<b>One incident 8</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 13</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>"Weapon 1" involved</b> (Weapon 1 = weapons other than knives or guns, including brass knuckles broken bottles, scissors, etc.) e.g. assault, battery or robbery with brass knuckles				
	<b>One incident 11</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 16</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>"Weapon 2" involved</b> (Weapon 2 = knives) e.g. assault, battery, or robbery with a knife				
	<b>One incident 14</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 19</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Possession of "Weapon 3"</b> (Weapon 3 = firearms/guns) e.g. possession of firearm <b>(One or multiple incidents)</b>	<b>17</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Violent offenses involving "Weapon 3"</b> e.g. assault, battery or robbery with a firearm <b>(One or multiple incidents)</b>	<b>20</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Assault</b> e.g. attempted rape, child molestation, lascivious acts				
	<b>One incident 13</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More than one incident 18</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Very serious violent offenses</b> e.g. abduction, assault involving serious bodily injury, attempted murder, homicide, murder, rape, statutory rape with violence <b>(One or multiple incidents)</b>	<b>20</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Int.	Fac.	FFS
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Question 2. Violence/threats in government custody**

Take into account past violence or threats in any government custody, including local, state, or federal, and previous DCS placements.

Do not take into account threats or violence for which an arrest, charge, or adjudication was counted above in Question 1.

Do not take into account any behavior that is not specifically described as a threat or violent act.

Do not take into account any new incidents occurring during the FAST period. These should be addressed in Question 7 only.

Additional instructions are provided in the Program Guidance.

	Score	Int.	Fac.	FFS
<b>No indication</b>	<b>0</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Threats only</b>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>1 or more incidents of violence without injury</b>	<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1-2 incidents of violence causing injury</b>	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 or more incidents of violence causing injury</b>	<b>6</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 3. Gang involvement**

Take into account any evidence of the UAC's gang involvement.

Select "Suspected" gang membership when there is only a suspicion of gang membership.

Select "Admitted or Confirmed" gang membership only if there is specific evidence, such as self-admission, gang-specific tattoos, a gang moniker, etc.

Additional instructions are provided in the Program Guidance.

	Score	Int.	Fac.	FFS
<b>No indication</b>	<b>0</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gang membership suspected</b>	<b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gang membership admitted or confirmed</b>	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership of gang confirmed</b>	<b>10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Int.

Fac.

FFS

Comments

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PART B: RISK OF FLIGHT**

In order to establish the appropriate placement, ORR/DCS must assess the UC's risk of flight.

**Question 4. Prior escapes from government custody**

Take into account any prior escapes, escape attempts, and serious threats to escape from an actual Program (e.g. a DCS Program, shelter/foster-care placements,

and detention facilities). Do not take into account attempts to evade law enforcement officials, such as border patrol agents. Additional instructions are provided in the Program Guidance.

	Score	Int.	Fac.	FFS
<b>No indication</b>	<b>0</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Single escape attempt</b>	<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multiple escape attempts</b>	<b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Single escape from non-secure setting</b>	<b>5</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multiple escapes from non-secure settings</b>	<b>7</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Single escape from staff-secure Program</b>	<b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multiple escapes from staff-secure Program</b>	<b>9</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any escape from secure Program</b>	<b>10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 5. Other flight risk factors**

Check all factors that apply. If one or more of the following risk factors is checked, select a score of 1. Additional instructions are provided in the Program Guidance.

	Score	Int.	Fac.	FFS
<b>Final order of removal</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prior removal(s)/reinstatement(s)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Within one month of turning 18</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Breach of bond/failure to appear in immigration court</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Score(0 or 1):</b>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

	Int.	Fac.	FFS
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART C. DANGER TO SELF**

In order to establish the appropriate placement, ORR/DCS may consider the UC's mental health and therapeutic needs.

**INTAKES**

To be completed by ORR/DCS Intakes: Take into account all available information about a child's mental health and therapeutic needs. For example, prior arrests, charges, and adjudication for sexual offenses and/or alcohol or drug-related offenses may indicate a therapeutic need.

**6a. Are there signs of any serious mental health issue or other therapeutic needs?**

**Yes** Consult with DCS Case Management, go to 6.b.

**No** Stop here

**6b. I confirm that case management (or if after hours, with a DCS supervisor) was consulted.**

**Yes** Go to 6.c.

**No** Explain why:

**6c. Based on conversation with case management, is a placement with therapeutic services required?**

**Yes** Explain:

**No** Explain why:

**FAST**

For FAST Cases: Indicate whether a therapeutic need has been identified. This determination may be based on any available information, including clinical assessments and the DFC Level of Care Placement Tool. Fac. FFS

**6a. Has a therapeutic need been identified?** Yes, go to 6b

	No, stop here <input type="checkbox"/> <input type="checkbox"/>
<b>6b. Does this therapeutic need require a change in placement (i.e. a move to another Program with additional/specialized therapeutic services)?</b>	Yes <input type="checkbox"/> <input type="checkbox"/>
	No <input type="checkbox"/> <input type="checkbox"/>

	Int.	Fac.	FFS
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART D. FAST OVERRIDE CONSIDERATIONS**  
 Parts D is applicable to FAST Cases Only – To be completed during a FAST review following the initial placement.

**Question 7a. Behavioral adjustment in Program**  
 Take into account the UC’s behavior during the FAST period and whether the UC can be safely housed in a less secure program than the UC’s initial placement program. Additional instructions are provided in the Program Guidance.

	Fac.	FFS
<b>Is there evidence from the child’s behavior during the FAST period that s/he could be safely housed in a less secure setting than the current setting?</b>	Yes <input type="checkbox"/> <input type="checkbox"/>	
	No <input type="checkbox"/> <input type="checkbox"/>	

**Question 7b. Additional youth welfare criteria**  
 Indicate whether there is an imminent legal process or family reunification reason to maintain the UC in the initial placement program. This determination may be based on, but need not be limited to, information provided in an attorney letter. No inference should be made if an attorney or Vera legal service provider does not provide an attorney letter.

	Fac.	FFS
<b>Is there a reason to maintain the youth in the current program based on:</b>	Yes <input type="checkbox"/> <input type="checkbox"/>	

**An imminent legal process?** No

No Infomation

Yes

**An imminent family reunification?** No

No Infomation

**Attorney Letter Provided?**

If so, please attach the letter and provide Attorney's Name (and organization, ) Additional instructions about attorney letters are provided in the if applicable):  Program Guidance.

	Int.	Fac.	FFS
Comments	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FINAL PLACEMENT – FAST CASES ONLY**

FFS Name:

Program Staff Name:

**Placement Matrix**

**FAST Placement Score:** (Sum of scores for questions 1 to 5)

FAST Placement Score	Recommended Placement Type
0-5	Shelter <input type="checkbox"/>

6-12

Staff-secure

13+

Secure

**In light of the responses to Questions 6 and 7, is an override of the Placement Matrix recommended based on:**

Therapeutic needs:

 Yes  No

Child’s behavior in program:

 Yes  No

Imminent legal process:

 Yes  No

Imminent family reunification:

 Yes  No

**FINAL PLACEMENT DECISION – to be completed by FFS**

Date of Final Placement:

Program Name:

Program Type:

Is the final placement different from initial placement?

 Yes  No

Is this an override of the Placement Matrix?

 Yes  No

I  confirm that DCS supervisor  approved this override on date: , time:  in a

Phone Call  in-person conversation  email

**Justification for Override or Change in Placement:**

A rectangular box containing a small control panel in the top-left corner. The control panel includes a scroll bar with up and down arrows, a left arrow button, a right arrow button, and a small square button. The rest of the box is empty.

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