



PLACEMENT CRITERIA

The following procedure is recommended for the placement of delinquent youth to the China Spring Youth Camp program. The following procedure will allow for the sending County to maintain jurisdiction of the child upon his/her release from the Camp and their return to the community.

- Child to be adjudicated a delinquent child within the purview of Chapter 62 of the Nevada Revised Statutes;
- Child to be committed to the care and custody and control of the Superintendent of a State Youth Center;
- The commitment be suspended and the child placed on probation with the condition he/she successfully complete the Camp.

Youth under the following categories will NOT be considered for placement at the Camp:

- Diagnosis of psychotic, neurotic, mentally retarded/handicapped, or severely emotionally disturbed; (The Camp does not have the staff or training to care for youth with these types of behavior and psychological disorders);
- Any indication, through psychological testing or conviction of pyromania or arson;
- History of violent/aggressive criminal behavior/charges (i.e. sexual violence, murder, attempted murder, etc.)
- History of cruelty to animals;
- Youth with a sophisticated delinquent background, previously committed to other institutions. These youth have been found to have great difficulty with the openness of the Camp and are detrimental to the program as a whole;
- Existing communicable disease considered a threat to other residents;
- Existing medical condition(s) which would limit or prevent participation in physical activities or wilderness programs;
- Chemical dependency requiring medical treatment;
- Youth with learning disabilities which require extraordinary educational program;



ADMISSIONS CRITERIA PACKAGE CHECKLIST

The following required case material must be submitted to the facility 48 hours prior to arrival.

Please initial each included item:

<input type="checkbox"/>	1	Juvenile Placement Questionnaire (must be faxed, e-mailed or mailed for intake review and staffing)
<input type="checkbox"/>	2	Court Order (must be faxed or mailed prior to arrival date)
<input type="checkbox"/>	3	Current Physical Report and Medical History (current, within last 6 months, use attached form, include TB test & Pregnancy Test)
<input type="checkbox"/>	4	Parental Waiver/Release Package, which includes:
Form A	<input type="checkbox"/>	HIPAA, parent packet p. 11
Form B	<input type="checkbox"/>	Authorization for Release of Information (witnessed and notarized), parent packet p. 12
Form C	<input type="checkbox"/>	Authorization for Emergency Medical Treatment (witnessed and/or signed by Probation Office), parent packet p. 13
Form D	<input type="checkbox"/>	Copy of Medical Insurance Cards, Dental Insurance Cards, Prescription Insurance Cards (front and back), insert in place of parent package p.14
Form E	<input type="checkbox"/>	Medical Insurance Form (If insured use parent packet p. 15, Form E Insured) (If NOT insured use parent packet p. 16, Form E Uninsured)
Forms F-H	<input type="checkbox"/>	Wilderness Program/Organized Sports/Athletic Activities Release, parent packet p. 17-19 (Forms F-H)
Form I	<input type="checkbox"/>	Placement Face Sheet, parent packet p. 20
Form F	<input type="checkbox"/>	Photo ID for Parent(s)/Guardian(s)
<input type="checkbox"/>	5	Mandatory Clothing List Items
<input type="checkbox"/>	6	Any mental health evaluations
<input type="checkbox"/>	7	30 day supply of all prescription medications
<input type="checkbox"/>	8	Jacobsen High School Intake Form
<input type="checkbox"/>	9	High School Transcript



Juvenile Placement Questionnaire

(To be filled out by Probation Officer)

Juvenile's Name: _____ Age: _____
Juvenile's Probation Officer: _____ Phone Number: _____ County: _____
Court Order Signed No Yes Date Signed: _____ Email: _____

1. Is the juvenile currently in detention? No Yes Where? _____ How Long? _____

2. After Placement? Formal Probation: No Yes Youth Parole: No Yes
Foster placement: No Yes

3. Is the juvenile currently in custody of a County Social Service Agency? No Yes

4. Please list the juvenile's prior juvenile offenses:

- a. Status Offense No Yes How Many? _____
- b. Runaway No Yes How Many? _____
- c. Substance/Alcohol Abuse No Yes How Many? _____
- d. Crimes against persons No Yes How Many? _____
- e. Crimes against property No Yes How many? _____

f. Adjudicated Delinquent offense: _____
(Offense must be within purview of NRS chapter 62)

5. Has the juvenile been involved in gangs?

- Yes Please indicate the degree of involvement: Major Moderate Minor
- No List gang affiliation here: _____

6. Who does the Juvenile currently reside with? (check all that apply)

- Biological Mother & Father
- Single Parent Mother Father
- Blended Mother/Stepfather Father/Stepmother
- Other Foster Parents Adoptive/Guardian Grandparent(s)

7. How do the juvenile's parents view the placement?

- Supportive
- Fair
- Hostile
- Uninvolved

Please Explain: _____

8. Has the juvenile seen a physician in the last 12 months for something other than a physical?

No

Yes (Please explain): _____

9. Does the juvenile have any health problems (i.e. asthma, diabetes, hernia, etc.)?

No

Yes (Please explain): _____

10.

Please list any prescription medications the juvenile has taken in the last 12 months:

1. _____ 2. _____

3. _____ 4. _____

11. Has the juvenile seen a psychologist/psychiatrist in the last 12 months?

No

Yes (Please explain): _____

12. Was a DSM diagnosis done on this individual in the last 12 months?

No

Yes (Results): _____

13. Has the juvenile ever been diagnosed?

ADD/ADHD No Yes When? _____ Medication currently taken: _____
Bipolar No Yes When? _____ Medication currently taken: _____
Suicidal No Yes When? _____ Committed/MHE complete? No Yes

14. Is there a history of:

1) Cruelty to animals? No Yes

2) Self-harming behavior? No Yes

3) Running away from home or programs? No Yes

15. What was the last grade the juvenile completed?

12th 11th 10th 9th 8th 7th Name of school last attended: _____

16. Was the juvenile in a special education class prior to placement (IEP)?

No Yes

Note: Please return this document (email or fax) within 24 hours of contacting the camp to ensure juveniles name is placed on the intake list. This information is critical to the placement and pending treatment of this juvenile in the China Spring Youth Camp program. Any misrepresentation or willful omission on the part of the officer providing this information may be cause for a delay in the juvenile's acceptance.

Signature of Preparer: _____ Date Signed: _____



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Jacobsen High School Intake Form

Student Full Name:

(Last) (First) (M.I.)

Date of Birth:

Previous School of Record:

(mm/dd/yyyy)

OYOG: (Mandatory requirement)

(yyyy - This is four years from the year that the student began the ninth grade.)

PHYSICAL EXAMINATION

Name:		Date		Age	
Allergies		General Appearance	<input type="checkbox"/> Healthy <input type="checkbox"/> Unhealthy		
Height	Weight	Blood pressure	Pulse	Res	

MEDICATIONS	DOSEAGES	REASON

		Observation				Observation	
		Abnormal	Normal			Abnormal	Normal
1	Head, Face, Scalp			12	Rectal		
2	Skin: lesions, ulcers, tracks, Jaundice, lacerations			13	Vagina		
3	Eyes: conjunctiva, sclera			14	Abdomen		
4	Ears: canals, drums, hearing			15	Liver: size, tenderness, edge		
5	Nose			16	Spleen		
6	Mouth: Teeth, throat			17	Groin: nodes, lesions, hernias		
7	Neck: lymph nodes, masses			18	Back: pain, range of motion		
8	Chest Walls			19	Extremities: clubbing, deformities		
9	Breasts			20	Flanks		
10	Lungs			21	Joints: deformity, range of motion		
11	Heart: Rhythm, murmurs			22	Neurological: reflexes, gait, gross touch, oriented, speech		

HEALTH MAINTENANCE (enter date, or ✓ if done today)						
Immunizations	DPT/Td	Flu	Polio	Hep.B	Hep.C	MMR
Lab	U/A	HIV	PPD/tine	RPR/VDRL	HB/Hep Comp	
	Gen/Probe	Pap	Other			

OTHER RECOMMENDATIONS/REFERRALS	

Follow- up		Next physical	
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Note: This form will be used as intake criteria for consideration of acceptance into our program. Youth must possess the physical capabilities necessary to participate in our physical training program (running, weight training, yoga, sports, etc.) and Wilderness Program (fishing, hiking, ropes, camping, and rafting).

I certify this patient has no physical/medical problems which would present a hazard to either self or others of the China Spring/Aurora Pines Programs.

Date	Signature of Examiner	Please print full name	Phone Number
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