**DRAFT DR**

**ACS CHILD WELFARE PROGRAMS**

**DIVISION OF PREVENTIVE SERVICES**

**CROSSOVER YOUTH PRACTICE MODEL**

**24 HOUR & 7 DAY REPORT**

**PROGRAM/CASE DEMOGRAPHICS**

AGENCY/PROGRAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE PLANNER: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WMS CASE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONNX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE TYPE: \_\_\_\_\_\_\_\_ADVPO \_\_\_\_\_\_\_\_\_CWS

**HOUSEHOLD COMPOSITION NAMES and D.O.B:**

|  |  |
| --- | --- |
| **Parent/Caretakers** | **Children** |

NAME OF ARRESTED YOUTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YOUTH’S DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_

**ARREST INFORMATION**

DATE OF ARREST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Borough of Arrest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR ARREST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID ARREST RESULT IN A CALL TO SCR \_\_\_\_\_yes \_\_\_\_\_\_\_no \_\_\_\_\_\_\_\_unknown

**PROBATION OUTCOME AND CONSENT INFORMATION**

Outcome of Youth-Probation Meeting

1\_\_\_\_\_\_\_\_\_ ADJUSTMENT

IF YOUTH SIGNED A SERVICE CONTRACT, LIST SERVICES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If rescheduled, new date \_\_\_\_\_\_\_\_\_

NAME AND PHONE OF PROBATION OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2\_\_\_\_\_REFERRED TO CORPORATION COUNSEL

If youth appeared in court, next court date \_\_\_\_\_\_

If corporation counsel rescheduled, date of appointment\_\_\_\_\_\_\_\_\_\_

3**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OTHER

CURRENT LOCATION OF ARRESTED YOUTH:

\_\_\_\_\_\_\_\_\_ IN DETENTION \_\_\_\_\_\_\_HOME

\_\_\_\_\_\_\_\_ OTHER Any court orders or services (ATD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID FAMILY SIGN CONSENT TO RELEASE INFORMATION? \_\_\_\_YES \_\_\_\_\_\_NO

**NOTE: ONCE THE CYPM CONSENT FORM IS SIGNED, THE PPRS PROVIDER MUST CALL THE PROBATION OFFICER LISTED ON THE CONFIRM NOTIFICATION OR CALL NATASHA SEGERS (DOP INTAKE) at 718-590-3184.**

IF CONSENTS ARE NOT SIGNED, WHAT IS THE PLAN TO ENCOURAGE THE FAMILY TO SIGN THE CONSENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD WELFARE SERVICES ASSESSMENT**

CURRENT SAFETY/RISK ASSESSMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPACT OF ARREST ON FAMILY FUNCTIONING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST HV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE AND LOCATION THAT ARRESTED YOUTH WAS LAST SEEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ERC REQUESTED:\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO IF NO, PROVIDE REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEF SUMMARY OF PPRS SERVICES THAT CYPM YOUTH AND FAMILY ARE RECEIVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHO ELSE IS INVOLVED WITH THE FAMILY? \_\_\_\_\_DCP \_\_\_\_\_\_FSU \_\_\_\_\_\_\_FC

PLANNED INTERVENTIONS/COLLABORATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IT IS UNDERSTOOD THAT PPRS STAFF MAY NOT HAVE ALL THE INFORMATION REQUESTED IN THE 24 HOUR REPORT. PPRS STAFF WILL ALSO COMPLETE A 7 DAY REPORT TO PROVIDE AN UPDATE AND THE ADDITIONAL INFORMATION.**

**CROSS-OVER YOUTH PREVENTION**

**7 DAY REPORT**

**(Due 7 calendar days from submission of 24 hour report)**

**Use this section to provide additional information received, additional services provided, conferencing outcomes, changes to service plan, interventions, re-arrest, etc.**

**When filling out this section, focus on providing the information that was not in the 24 Hour Report, as well as providing a status update.**

**Start Here**: