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| Risk Factors - CINS/FINS |
| Name: |  | DOB: |  | Race: |  | Gender: [ ] M [ ]  F |
| Address: street |  | town |  | state |  | zip |  |
| Younger than 17: (check)  |  [ ] Yes [ ] No | SS# |  | ID# |  |
| All answers will be based upon 1-observations, 2-interviews with youth, family members, or other reliable parties, *and* 3-documents obtained. |
| Indicate ALL ***YES*** responses**.** |
| YOUTH’S SCHOOL FACTORS | **YES** |  | **FAMILY** (cont.) | **YES** |  |
| Attendance | Skipping school 3 or more times in the last 60 days but not habitually truant? |  | Family Mental Illness/ substance AbuseRegarding caregiver and / or sibling… | Currently receiving or has received treatment for substance abuse? |  |
| Habitually Truant (more than 15 absences in 90 days)? |  | Attempted suicide? |  |
| Committed suicide? |  |
| Not enrolled? |  | Have there been arrests for domestic violence? |  |
| BehaviorHas the youth been...Has the youth been... | Currently suspended? |  | INDIVIDUAL YOUTH BEHAVIOR | **YES** |
| Currently expelled? |  | Substance Use/ Abuse and/or Mental HealthRegarding the Youth  | Used tobacco 3 or more times in the last 30 days? |  |
| Currently in special education classes? (EH, SED, SLD, etc.? |  | Used drugs/ alcohol 3 or more times in the last 30 days? |  |
| Expelled within current or previous school year? |  | Been charged with drug/alcohol related offenses? |  |
| Suspended within current or previous school year? |  | Attempted suicide? |  |
| Is the youth... | Failing one or more classes with past 6 months? |  | Diagnosed with learning disabilities or mental illness? (ADD, ADHD, Dyslexia, SED, EH, LD, etc.) |  |
| Academic | Reading below grade level? |  | Ever or currently prescribed medication for mental health? |  |
| Has the youth been... | Held back/failed a grade level once? |  | Stealing and/or Running awayHas the youth... | Repeatedly stolen from the family, house or neighbors? |  |
| Has the youth been... | Held back/failed a grade level more than once? |  | Been charged with burglary-related offenses? |  |
| FAMILY | **YES** | Is the youth currently a runaway? |  |
| Child MaltreatmentOn the part of the caregiver / guardian / parent is there... | Recent or current DCF involvement? |  | Runaway from home 3 or more times in the past 90 days? |  |
| Physical evidence of abuse or neglect on the youth? |  | Runaway from home once for an extended period? (One week or more) |  |
| A documented instance of child abuse (physical, emotional or sexual) or neglect? |  | Guns | Are there firearms/guns in the home? |  |
| A statement(s) of concern from the child that parent is abusing drugs or alcohol, resulting in neglect/abuse? |  | Does the youth have access to guns? |  |
| Parental Monitoring (home & school)Is the parent / caregiver... | Making statements that parents cannot control the child’s behavior? |  | Has a gun been confiscated from the youth at school? |  |
| Setting unclear or no limits or rules regarding the child’s behavior. |  | Has the youth been arrested for gun possession? |  |
| Unable to state where child spends free time? |  | ViolenceHas the youth... | Been arrested for vandalism? |  |
| Unable to state with whom child spends free time? |  | Been arrested for violence against persons? |  |
| Not aware of problems in school? |  | Engaged in physical aggression toward family members? |  |
| Physically ill to the level that impairs capacity to monitor the child? |  |
| Illegal BehaviorRegarding caregivers and / or siblings... | Prior criminal record? |  | PEERS | **YES** |
| Served jail or prison time? |  | Antisocial/Delinquent PeersDoes the youth... | Associate with youth who engage in illegal activities? |  |
| Currently on probation or parole? |  | Associate with youth who have a delinquency record? |  |
| Family Poverty | On public assistance OR qualifies for Title IV-E? |  | Associate with youth who use drugs/alcohol? |  |
| Family Instability | Other children living outside the family or child living in multiple place? |  | Associate w/ youth who engage in antisocial, non-criminal behavior? e.g. running away, truancy |  |
| Unemployed for one year or more? |  | GangsHas the youth... | Admitted to being a gang member? |  |
| Arrests for domestic violence? |  | Been reported by parents/ guardian to be involved with gang activity? |  |
| Family Mental Illness/ Substance AbuseRegarding caregiver and / or sibling… | Currently receiving or has received treatment for mental illness? |  | Been identified by law enforcement as gang member? |  |