

CENTRAL COUNTIES YOUTH CENTER
148 PARADISE ROAD, BELLEFONTE, PA 16823-9998
(814)355-0650 or FAX (814)355-0894

ADMISSIONS DATA FORM

- A. REASON FOR DETENTION:** (Check all that apply)
- There is an immediate and urgent need to detain the child for protection of the child, others or the property of others.
- There is a substantial threat of the same.
- There is a need to ensure court appearance.
- Other placements have failed.
- There are compelling and clearly documented reasons other placements have not been considered.

B. OFFENSE: _____

C. Name of parent or legal guardian notified of detention: _____

D. PERSONAL INFORMATION:

Name: _____ County: _____ Age: _____

SS#: _____ DOB: _____ Birthplace: _____

Child's Address: _____ Main Language: _____

PARENTAL INFORMATION

Father's Name: _____ Phone: _____

Address: _____

Mother's Name: _____ Phone: _____

Address: _____

E. CONCERNS:

Medical Problems (Specify): _____

Psychological Problems (Specify): _____

Current Medication(s) (Specify): _____

Combative History of Alcohol Abused Drug History

Considered Suicidal Previous Suicide Attempts Self Mutilator Escape Risk

F. INDIVIDUALS AUTHORIZED FOR PHONE CALL/VISIT: (Include full name and relationship)

G. PETITION INFORMATION: Date of Petition: _____

If not filed, date scheduled to be filed: _____

H. County Official Authorizing Detainment: _____

Date of Detainment: _____

I. Child's Probation Officer: _____

Phone: _____ Email: _____

J. ADMISSION DATE: _____ **TIME:** _____ **STAFF:** _____