



**MVJRC**  
Miami Valley Juvenile  
Rehabilitation Center

## Intake Checklist

Youth's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
County: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

- I. The following is the list of Intake Documents required to be submitted at the time of the "Intake Assessment Interview".

Please check the items in the space provided:

- \_\_\_\_\_ ODYS Disposition Investigation Report (Current completed by probation officer).
- \_\_\_\_\_ Physical Examination (Completed by physician).
- \_\_\_\_\_ Journal entries related to committing offense
- \_\_\_\_\_ Case History Report
- \_\_\_\_\_ Drug/Alcohol Assessment (if applicable)
- \_\_\_\_\_ Discharge summaries of hospitalization (if applicable)
- \_\_\_\_\_ Psychiatric/Psychological Evaluations (if applicable).
- \_\_\_\_\_ Treatment or Counseling Report (if applicable).
- \_\_\_\_\_ CSB Report (if available)
- \_\_\_\_\_ Orders of Guardianship (if applicable)
- \_\_\_\_\_ Court Orders restricting contact (if applicable)
- \_\_\_\_\_ Court Orders placing youth in CSB, or any other person's custody, other than natural parent (if applicable)
- \_\_\_\_\_ Police reports, statements, victim impact (for committing or treatment oriented offense).
- \_\_\_\_\_ Ohio Department of Youth Service Number (previous commitment).
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Insurance Card and/or Copy of Current Medical Card

- II. The following items shall be completed and signed during the course of the "Intake Assessment Interview":

- \_\_\_\_\_ Release of Information Medical and Authorization for Treatment (parent)
- \_\_\_\_\_ Challenge Course Participation Waiver (parent)
- \_\_\_\_\_ Parent Contract of Participation (parent)
- \_\_\_\_\_ Release(s) of Information (parent)
- \_\_\_\_\_ MVJRC Release of Information

- III. The Judgement Entry signed by the committing Judge may be provided at intake or mailed as soon after as possible.