STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Juvenile Justice Services

Form # XXX

YOUTH INFORMATION SHEET

Identifying Information	**Bridges Client ID #**
Youth's Name: Gender: ☐ Male ☐ Female SSN:	Date of Birth: / /
Address: Telephone: Birthplace: Religion: Height: Weight: Eye Color: Natural Hair Color: Skin Color: Build: Scars, Marks, Piercings or Tattoos:	Race: ☐ Caucasion ☐ Asian ☐ African American ☐ Pacific Islander ☐ Native American Ethicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unable to determine
Previous Address:	
Previous Placements:	
Court: Telephone:	
Attorney for Youth: Telephone:	
Mother's Name: Mother's DOB: / / ☐ Bio-Mother ☐ Adoptive Mother ☐ Legal Guardian	
Address: Home Telephone: Place of Work: Work Telephone:	
Father's Name: Father's DOB: / / ☐ Bio-Father ☐ Adoptive Father ☐ Legal Guardian	
Address: Home Telephone: Place of Work: Work Telephone:	

Family & Household Members:	Relationship	Address	Dates of Birth:
			/ /
			/ /
			/ /
			/ /

Education & School.			
Current or Last School: Address		Current or Last Grade	
Telephone:	Latest IEP date: / /	SPEDIS Coding:	
SAU #		Telephone:	
Have friends at school?	☐ Yes ☐ No	Know how to read?	☐ Yes ☐ No
Like the teachers?	☐ Yes ☐ No	Like to be with adults?	☐ Yes ☐ No
Like school?	☐ Yes ☐ No	Resist going to school?	☐ Yes ☐ No
Has youth ever been expelled or suspended? ☐ Yes ☐ No If "yes", explain:			
What kind of student is he or she? Academically:		Behaviorally:	

Employment or Volunteer Work.		**Comments:**
Employer:		Address:
Earnings per Week : $		Work Hours:
Perform community service or volunteer work?	☐ Yes ☐ No	Describe:

Recreation & Leisure.	
Does youth have a boyfriend or girlfriend?	☐ Yes ☐ No
Does youth participate in structured community or school extracurricular activities or events?	☐ Yes ☐ No
What does youth do for recreation or hobbies?	Describe:
Is youth involved in a gang or cult? ☐ Yes ☐ No	Name:
With whom does youth associate or spend leisure time?	Specify:

Speech, Hearing & Language.			
Hearing impairment?	Yes No	Speech impairment?	Yes No
American Sign Language:	Yes No	American Sign Language:	Reads ☐ Signs ☐
Primary Language (specify): Read Spoken			
Interpreter Needed? Yes No Specify:			

Physical & Mental Health.	
Name of Youth's Primary Care Physician:	Last Physical Exam: / /
Insurance Carrier: ID No.	Medicaid No.:
Allergies to medication (specify): Allergies to food (specify): Other Allergies (specify):	
Immunization History. Received? Yes No	
Current Medications:	Prescribed by:
Name of Therapist or Psychiatrist:	Last Session/appointment: / /
Name of Dentist:	Last Dental Exam: / /
Does youth wear eyeglasses? Yes No	Does youth wear contact lenses? Yes No
Name of Eye Doctor:	Last Vision Exam: / /
Other Physicians:	
Medical and Psychiatric Hospitalizations (dates & locations):	
Diagnosed Medical and Psychiatric Conditions:	
Drug, Alcohol or Tobacco Use: (specify)	

Childhood Disease History. (check all that apply)					
Measles		Bronchitis		Tuberculosis	
German Measles		Ear Infections		Pneumonia	
Seizures		Heart Disease		Mumps	
Others (specify)					

Indicate any Birth Family History of the following. (check all that apply)					
	Mother	Father		Mother	Father
Allergies			Tuberculosis		
Cancer			Epilepsy		
Mental Illness			Kidney Disease		
Suicidal			Heart Disease		
Diabetes					
Substance Abuse (specify)			Others (specify)		

Diet & Nutrition for Youth.	
Any medically diagnosed eating disorders? Yes No	Require a special diet? Yes No
Other (specify)?	

Any Unusual Sleeping Pattern? Yes No	**Comments:**
Bed wetter? Yes No	Nightmares? Yes No

Strengths and Resources.					
	Yes	No		Yes	No
Benefits from structure	☐	☐	Club or group involvement	☐	☐
Creative	☐	☐	Engaging personality	☐	☐
Good self-control	☐	☐	High self-esteem	☐	☐
Skill or interest in music	☐	☐	Positive adult relationships	☐	☐
Positive manners	☐	☐	Positive peer relations	☐	☐
Responds to direction	☐	☐	Sense of humor	☐	☐
Skill or interest in art	☐	☐	Skill or interest in athletics	☐	☐
Comments:					

Observed Behaviors: Identify the youth's behaviors that may result in harm or injury to self or others:					
	Yes	No		Yes	No
Aggressive	☐	☐	Assaultive	☐	☐
Running Away	☐	☐	Cruel to Animals	☐	☐
Destructive	☐	☐	Difficulty Concentrating	☐	☐
Stealing	☐	☐	Firesetting	☐	☐
Self-Injurious	☐	☐	Lying	☐	☐
Sadness or Crying	☐	☐	Poor Self-Esteem	☐	☐
Suicide Threats	☐	☐	Sexual Acting Out	☐	☐
Suicide Attempts	☐	☐			

Offense & Legal History. Provide detailed history of prior and current offenses, including police contacts:

Date	Court & Docket #	Offense	Disposition / Police Contacts

YOUTH INFORMATION SHEET - SIGNATURE PAGE

This section to be completed by the JPPA, JPPO or JPPS

This information is authorized to be shared with community service providers, residential providers for the purposes of case planning and in order to maintain safety, permanency and well-being.

Signature of Parent/Guardian: ____ Date: ___/___/____

Signature of JPPO/JPPA: ____ Date: ___/___/____

Name & Address of JPPO/JPPA: ____

Signature of Placement Provider: ____ Date: ___/___/____

Name & Address of Placement Provider: ____

Signature of Foster Care Provider: ____ Date ___/___/____

Name & Address of Foster Care Provider: ____

Form completed by: ____ Date ___/___/____

Reason for the youth's placement:

Reason for change in placement:

Expected length of placement:

Permanency Plan: ☐ Reunification ☐ APPLA ☐ Relative Placement ☐ Guardianship ☐ Adoption