

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

DISCLOSURE OF LIMITS OF CONFIDENTIALITY

I understand that all information, regarding the client named below, which may be revealed during counseling, diversion, and/or educational services at Pepperdine Resource, Youth Diversion, and Education (PRYDE), is to be held confidential, and no information will be shared without written permission. Although parents and guardians have, by law, access to medical and psychological records, this does not include information provided by the client during intake or counseling progress notes which might be deemed detrimental upon their disclosure. In this case only treatment summary information will be provided. Further, PRYDE personnel will not disclose criminal reports or other documentation generated by the Orange County Sheriff's Department regarding this case to anyone outside of PRYDE.

I also understand that PRYDE Diversion Specialists, as part of their clinical training, are supervised by a licensed clinical psychologist and will consult with their supervisor on a regular basis regarding evaluation, counseling and disposition of the client named below. PRYDE staff members conducting intake assessments and/or counseling may disclose information to other PRYDE personnel for training purposes or when deemed in the best interest of the child.

CONFIDENTIALITY WILL NOT BE MAINTAINED UNDER THE FOLLOWING CONDITIONS:

- A. If the person served by the agency threatens or discloses suicidal intent or other physical harm to self, PRYDE staff will report this situation to the appropriate family members and authorities.
- B. If the person served by the agency threatens homicide or other physical harm to another person, PRYDE staff will warn intended victims, appropriate family members of intended victims and the appropriate authorities. If PRYDE staff members become aware of past incidents of physical harm to another, including homicide, the information will be given to the appropriate authorities.
- C. If a PRYDE staff member reasonably suspects, has knowledge of or observes that a child / youth has been a victim of child abuse, the information will be provided to the appropriate authorities.
- D. If the original referral source requests and/or requires a status report and/or counseling services summary. In addition, if the Program Director and/or Diversion Specialist feel it is in the best interest of the client to communicate directly with the referring individual and/or referring agency.
- E. Upon receipt of a valid court order requiring the release of such information.

I have read this statement and understand the contents and ramifications, which have also been fully explained by the PRYDE Diversion Specialist named below. I agree to these limits of confidentiality and will not hold PRYDE or any PRYDE staff member liable for breach of confidentiality under the conditions stated above.

Client Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

Diversion Specialist Signature : _____ Date : _____

PRYDE

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

ORANGE COUNTY SHERIFF DEPARTMENT VIDEO MONITORS AND SECURITY REGULATIONS

I have been informed that the Orange County Sheriff's Department in Lake Forest is equipped with video monitors in the investigative interview rooms. These monitors will not be used to record PRYDE intakes or counseling sessions. The monitors are kept on at all times. Only Sheriff and PRYDE personnel have access to view the images on the monitors.

Additionally, for the integrity and security of the Orange County Sheriff's Department and its personnel we ask that you remain in the interview room until either your diversion specialist or any other authorized Sheriff's Department personnel advise you otherwise. Shall you need to leave the room for any reason, please call our main line and one of our counselors will escort you to the lobby.

PRYDE: 949-206-8600

:	:
_____ Signature of Client	_____ Date

:	:	:
_____ Signature of Parent/Guardian	_____ Relationship to Child	_____ Date

:	:	:
_____ Signature of Parent/Guardian	_____ Relationship to Child	_____ Date

:	:
_____ Signature of Diversion Specialist	_____ Date

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

Treatment and Evaluation of Minors

As an un-emancipated minor (under the age of 18) you can consent to services subject to the involvement of your parents or guardians.

- If you are 12 years of age or older you can consent to services if you are mature enough to participate in services and you present a serious danger to yourself and/or others or you are the alleged victim of child physical and/or sexual abuse. In some circumstances, you may consent to alcohol and drug treatment.
- Your parents or guardians may, by law, have access to your records, unless it is determined by the child's therapist that such access would have a detrimental effect on the therapist's professional relationship with the minor or if it jeopardizes the minor's physical and/or psychological wellbeing. This does not include any records from the Orange County Sheriff's Department or Law Enforcement Personnel.
- For minors over the age of 12, parents or guardians will be provided with general information about treatment progress (e.g. attendance) and they will be notified if there is any concern that the minor is dangerous to himself and/or others. Any other communication will require the minor's authorization.
- All disclosures to parents or guardians will be discussed with the minors in advance.

I have read this statement and understand the contents and ramifications, which have also been fully explained by the PRYDE Diversion Counselor named below.

Client Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

PRYDE

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

HIPAA Acknowledgement

I acknowledge that I have received the Notice of Privacy Practices of the PRYDE program.

Client Signature *(if over 14 years old)* : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

PRYDE

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO COMMUNICATE VIA EMAIL

Name of Client : _____ Date of Birth : _____

Final HIPAA security rules (2003) permit the transmission of Protected Health Information (PHI) by email, telephone or other insecure means but require covered entities to perform a “risk analysis” of the suitability of such transmission based on the risk to inadvertent disclosure within the public Email, Internet or telephone network. While Pepperdine University and PRYDE are not covered entities, our policy requires the patient or legal guardian consent to communication via EMAIL means before such transmission will be allowed. Emails are communicated through the public network via a number of server computers located in the path of the destination. One server sends it to another and another until it reaches the destination server. The path is not fixed and will likely change even between subsequent transmissions. At each node it is possible that someone with ill intent could capture the data passing by and use this data for their own purposes. It is not possible to know if such data capture has occurred. Although this is technically possible, the risk and potential damages of such data interception is very small. This is because no assessment, diagnosis, treatment or financial information will be sent via email. By signing below, client and legal guardians agree they will not include such information in communication to PRYDE. Communication via Email is typically limited to appointment reminders, case status notices and requests for information or to obtain certain standard documents.

If data were to be captured and the patient was to be identified, we see little potential for damage to the patient or their families as the data does not imply any illness, mental or physical. If properly used, it will not disclose any privacy information. However, we request that patients and their caregivers carefully assess the risk of such harm before signing below.

Consent

I hereby authorize PRYDE to communicate regarding this case with the client, parents and legal guardians through Email using Email addresses provided to PRYDE. These Email addresses are used for no other purpose and will never be provided to a third party for any use unless required by law. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on the date that subscription to this program is formally ended. Should information disclosed under this consent be disclosed to others by the recipient, it is no longer considered protected health information covered under this consent.

Client Signature : _____ Date : _____

Email Address : _____

Parent/Guardian Signature : _____ Date : _____

Email Address : _____

Parent/Guardian Signature : _____ Date : _____

Email Address : _____

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow Dr. ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

Name of Client : _____ Date of Birth : _____

Telehealth telephone and videoconferencing services are an alternative to face-to-face meetings for intakes, counseling, classes, groups and other meetings. While these meetings are more convenient than in-person meetings, they do present certain risks to privacy and confidentiality. Further, the technology used may subject the meeting to interruptions and technical difficulties. While the technologies used by PRYDE meet the necessary regulatory standards for privacy and security, there is always a potential risk of a third party intercepting data used for this communication. Although the technology used for telehealth may allow audio/video recording, no sessions/meetings will be recorded without prior permission.

Additional risks of using telehealth services can arise when inadequate privacy is provided at either the originating (Diversion Specialist/Counselor) or remote (Client) site. PRYDE Diversion Specialists will be located in a private location for the duration of all telehealth sessions. The client must also be located in a private space that allows the client to speak comfortably about personal and private matters. It must also be free from distractions (including cell phone or other devices) during sessions.

I, the undersigned parent(s) or guardian of _____,
consent for myself/ourselves and my child to participate in telehealth services provided by the Pepperdine Resource, Youth Diversion, and Education (PRYDE) program. I fully understand the risk and benefits of telehealth services. I understand that this consent is not a requirement for participation in the PRYDE program and that I can elect to withdraw my consent at any time.

Client Signature (if over 14 years old) : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

Parent/Guardian Signature : _____ Date : _____

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

PARENT INTAKE QUESTIONNAIRE

Name of Parent/Guardian filling out this form: _____ Date: _____

Name of Child's Mother: _____ DOB: _____

Name of Child's Father: _____ DOB: _____

Name of Step Parent/s or Guardian: _____ DOB: _____

: _____ DOB: _____

Who does child live with? (*mother & father; mother only, aunt, etc.*): _____

Address of child's mother: _____

Phone: _____ Cell/Work Phone: _____

Occupation: _____ E-mail: _____

Address of child's father: _____

Phone: _____ Cell/Work Phone: _____

Occupation: _____ E-mail: _____

Parent/Guardian's Relationship Status: (*Please check the one that best applies*)

☐ Single

☐ Married

For how long? _____

☐ Separated

For how long? _____

☐ Divorced

For how long? _____

☐ Committed Relationship

For how long? _____

☐ Widowed

For how long? _____

Children:

Resides with Who?

Name

Age

M/F

Bio/Step/Half

(w/ mother, father, on own?)

:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

Are any of the children adopted (*circle*)? YES NO

If yes, who and when? _____

Is there currently any legal and/or physical custody established by a court of law? (*circle*) YES NO

If yes, please explain: _____

Have either you or your child had any counseling experience or therapy prior to this incident (*circle*)? YES NO If yes, please explain: _____

Does anyone in your family have a history of drug or alcohol abuse or addiction (*circle*)? YES NO

If yes, please explain : _____

Does anyone in your family have a history of psychological problems (*circle*)? YES NO

If yes, please explain : _____

Does anyone in your family have a history of medical problems (*circle*)? YES NO

If yes, please explain : _____

Has the referred child ever been contacted by law enforcement prior to this incident, or is your child on probation (*circle*)?

YES NO If yes, please explain : _____

Has your child had a physical in the last year (*circle*)? YES NO

Is your child currently involved in a romantic relationship (*circle*)? YES NO

If yes, how long? : _____

School Subjects:

Name of subjects/classes that your child is attending or most recently attended	Most Recent Report Card Grade (A,B,C etc.)
:	:
:	:
:	:
:	:
:	:
:	:

Does your child have any difficulties in school? Explain : _____

: _____

Does your child participate in any extracurricular activities? (i.e., sports, clubs,etc) YES NO

If yes, explain : _____

Does your child..... (answer to the best of your knowledge)

		Never	Sometimes	Frequently
A. Attend Raves, house parties, and/or concerts?	A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hang out with tagging crews?	B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have unexcused absences from school?	C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Get into fights?	D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have friends of whom you disapprove?	E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have problems sleeping?	F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have problems with authority?	G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Have angry outbursts?	H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Play computer and/or video games to excess?	I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Have physical/health problems?	J.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Have difficulties with memory or concentration?	K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Drink alcohol?	L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Use drugs?	M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Bed wet?	N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Play with fire or fire starting tools?	O.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your child experienced.....(answer to the best of your knowledge)		No	Yes	If yes, date of occurrence:
P. A recent change in friends or peer group?	P.	<input type="checkbox"/>	<input type="checkbox"/>	:
Q. Death in the family or a close friend?	Q.	<input type="checkbox"/>	<input type="checkbox"/>	:
R. Violence in the home?	R.	<input type="checkbox"/>	<input type="checkbox"/>	:
S. Being homeless?	S.	<input type="checkbox"/>	<input type="checkbox"/>	:
T. Being hospitalized?	T.	<input type="checkbox"/>	<input type="checkbox"/>	:
U. Depression or anxiety?	U.	<input type="checkbox"/>	<input type="checkbox"/>	:
V. Thoughts of hurting themselves?	V.	<input type="checkbox"/>	<input type="checkbox"/>	:
W. Thoughts of Suicide?	W.	<input type="checkbox"/>	<input type="checkbox"/>	:
X. Thoughts of Homicide?	X.	<input type="checkbox"/>	<input type="checkbox"/>	:
Y. Being separated from family members for long periods of time?	Y.	<input type="checkbox"/>	<input type="checkbox"/>	:
Z. Any type of child abuse?	Z.	<input type="checkbox"/>	<input type="checkbox"/>	:
AA. Judgement/Impulse control difficulties?	AA.	<input type="checkbox"/>	<input type="checkbox"/>	:
BB. Periods of confusion or disorientation?	BB.	<input type="checkbox"/>	<input type="checkbox"/>	:
CC. Have you noticed a significant change in eating habits in your child?	CC.	<input type="checkbox"/>	<input type="checkbox"/>	:
DD. Have you noticed a significant weight loss or gain in your child?	DD.	<input type="checkbox"/>	<input type="checkbox"/>	:
EE. Has your child ever intentionally started a fire that caused damage?	EE.	<input type="checkbox"/>	<input type="checkbox"/>	:
FF. Does your child have access to a weapon (i.e. guns)?	FF.	<input type="checkbox"/>	<input type="checkbox"/>	:
GG. Have you noticed your child withdrawing or avoiding family and friends?	GG.	<input type="checkbox"/>	<input type="checkbox"/>	:

To your knowledge, does your child belong to a gang? YES NO If yes, please explain affiliation : _____
 :

If you checked yes indicating your child has been hospitalized, please explain : _____
 :

Is your child currently taking any prescribed or non-prescribed medication (circle one)? YES NO

If yes, please list medication : _____

Does your child have any learning or other disabilities (circle one)? YES NO

If yes, please explain : _____
 :

How would you describe your relationship with your child (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> We are very close | <input type="checkbox"/> My child thinks my rules are fair |
| <input type="checkbox"/> We are somewhat close | <input type="checkbox"/> We are distant |
| <input type="checkbox"/> We do things together | <input type="checkbox"/> We have no relationship |
| <input type="checkbox"/> My child feels safe telling me things | <input type="checkbox"/> My child is afraid of me |
| <input type="checkbox"/> My child is aware of my expectations | <input type="checkbox"/> My child feels he/she must be independent of me |

What do you consider some of your child’s strengths? :

:

:

:

:

:

:

:

Please provide any further information about your child or family that may be helpful (please use the back of this form for additional space) :

:

:

:

:

:

:

:

:

:

How do you feel we can be of most help to your child? :

:

:

:

:

:

:

:

:

:

Signature of Parent/Legal Guardian	Relationship to child	Date
------------------------------------	-----------------------	------

:

Signature of Parent/Legal Guardian	Relationship to child	Date
------------------------------------	-----------------------	------

PRYDE

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

MEDICATION INFORMATION SHEET

Participant Name: _____ Case#: _____

Medication:	:	:	:
Dosage:	:	:	:
Frequency Taken:	:	:	:
Administered by:	:	:	:
When Started:	:	:	:
Reason for Medication:	:	:	:
Doctor:	:	:	:
Location of Practice:	:	:	:

: _____
Signature of Diversion Specialist

: _____
Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

QUARTERLY REPORT STATISTIC INQUIRY

Though the information obtained from this questionnaire will be used to provide required statistics, the identity of the minor and his/her family remains confidential.

1. Household Size (*how many people live in the house where the minor resides?*): _____

2. Single Parent Household? (*please circle*): : YES : NO

3. Yearly Income (*how much money was earned last year?*):

: _____ \$10,000 or below : _____ \$40,001-\$50,000 : _____ \$80,001-\$90,000

: _____ \$10,001 -20,000 : _____ \$50,001-\$60,000 : _____ \$90,001-\$100,000

: _____ \$20,001 - \$30,000 : _____ \$60,001-\$70,000 : _____ \$100,001-\$110,000

: _____ \$30,001-\$40,000 : _____ \$70,001-\$80,000 : _____ \$110,001+

4. Ethnicity:

: _____ African-American : _____ Hispanic American

: _____ Asian : _____ Native American

: _____ Caucasian/White : _____ Other : _____

5. Do you have Medical/Health insurance? (*please circle*): : YES : NO

6. If Yes, what is the name of your Medical/Health insurance provider?

: _____

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CLIENT INTAKE QUESTIONNAIRE

Date : _____

Your Name : _____ Age : _____ Cell Phone Number : _____

Date of Birth : _____ E-mail : _____

School you attend : _____ Grade Level : _____

Who do you live with? (*mother & father; mother only, aunt, etc.*) : _____

Name of Biological Mother : _____

Name of Biological Father : _____

Name of Step-Mother : _____

Name of Step-Father : _____

Name of Legal Guardian (*other than your mother/father*) : _____

Your Parent's Marital Status: (*Check One*)

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Committed Relationship
- ☐ Widowed

Are **you** currently in a romantic relationship? YES NO

If yes how long? : _____

Siblings:

Resides with Who?

Name	Age	M/F	Bio/Step/Half/Adopt	(w/ mother, father, on own?)
:	.	.	:	:
:	.	.	:	:
:	.	.	:	:
:	.	.	:	:
:	.	.	:	:

School Subjects:

Name of subjects/classes you are currently attending or most recently attended	Most Recent Report Card Grade (A,B,C etc.)
:	:
:	:
:	:
:	:
:	:
:	:

Do you have any difficulties at school? Explain : _____

CLIENT INTAKE QUESTIONNAIRE - PAGE 2.

Do you participate in any extracurricular activities? (sports, clubs, ect.) :

Finish the sentence: When I complete High School I want to :
:

Have you ever had any counseling or therapy experience (*circle one*)? YES NO

If yes, explain :
:

Have you ever had any other law enforcement interactions/arrests (*circle one*)? YES NO

If yes, explain :
:

Are you currently on probation (*circle one*)? YES NO

If yes, explain :

Name of Probation Officer? : Phone :

Have you ever done anything illegal and have not been caught (*circle one*)? YES .NO

If yes, explain :
:

Fill out the following chart to the best of your knowledge:

SUBSTANCE	Age you first tried	How many days a month do you use?	Last time you used was:
Alcohol	:	:	:
Tobacco	:	:	:
Marijuana	:	:	:
Ecstasy (E)	:	:	:
GHB	:	:	:
Speed Crystal Meth	:	:	:
LSD (Acid)	:	:	:
PCP (angel dust)	:	:	:
Heroin	:	:	:
Mushrooms	:	:	:
Cocaine	:	:	:
Inhalants (computer duster, paint)	:	:	:
Codeine/Percodan (Tylenol 3, Perk)	:	:	:
Prescription Drugs (Vicadin, Xanax, Soma)	:	:	:
Salvia, Spice, Triple C's, Hubby bars	:	:	:
Other (Explain)	:	:	:

CLIENT INTAKE QUESTIONNAIRE - PAGE 3.

Do you feel that drugs and alcohol are causing problems in your life? YES NO

Do your friends use drugs or alcohol? YES NO

Does anyone in your family or the home you live in, currently use, have a history of, or in recovery from drug or alcohol abuse? (circle) YES NO If yes, who? Please provide brief details : _____

:

Answer the following questions:

Do you.....

		<u>Never</u>	<u>Sometimes</u>	<u>Frequently</u>
A. Attend Raves?	A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hang out with tagging crews?	B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have unexcused absences from school?	C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Get into fights?	D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have unexplained fears?	E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cry often?	F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Feel depressed or sad?	G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Feel anxious or worry a lot?	H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Have problems sleeping?	I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Hear voices only you can hear?	J.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Feel confused about your future?	K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Have angry outbursts?	L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Have periods of confusion or disorientation?	M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Have noticed a significant weight gain or loss?	N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Have eating problems?	O.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Have problems with short or long term memory?	P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Play with fire or fire starting tools?	Q.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever.....

		<u>No</u>	<u>Yes</u>	If yes, date of occurrence:
R. Had sex?	R.	<input type="checkbox"/>	<input type="checkbox"/>	_____
S. Had a child?	S.	<input type="checkbox"/>	<input type="checkbox"/>	_____
T. Been pregnant?	T.	<input type="checkbox"/>	<input type="checkbox"/>	_____
U. Ran away from home?	U.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Been homeless?	V.	<input type="checkbox"/>	<input type="checkbox"/>	_____
W. Experienced the death/loss of family/friends	W.	<input type="checkbox"/>	<input type="checkbox"/>	_____
X. Witnessed or taken part in violent acts?	X.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Y. Intentionally hurt another person?	Y.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Z. Do you have access to weapons (i.e. guns)?	Z.	<input type="checkbox"/>	<input type="checkbox"/>	_____
AA. Intentionally hurt yourself?	AA.	<input type="checkbox"/>	<input type="checkbox"/>	_____
BB. Attempted to commit suicide?	BB.	<input type="checkbox"/>	<input type="checkbox"/>	_____
CC. Thoughts about hurting self or attempting suicide?	CC.	<input type="checkbox"/>	<input type="checkbox"/>	_____
DD. Been abused?	DD.	<input type="checkbox"/>	<input type="checkbox"/>	_____
EE. Been molested or raped?	EE.	<input type="checkbox"/>	<input type="checkbox"/>	_____
FF. Set a fire intentionally that caused damage?	FF.	<input type="checkbox"/>	<input type="checkbox"/>	_____
GG. Been hospitalized?	GG.	<input type="checkbox"/>	<input type="checkbox"/>	_____
HH. Had any unusual experiences?	HH.	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you checked yes indicating you have been hospitalized, explain: _____

CLIENT INTAKE QUESTIONNAIRE - PAGE 4.

Are you currently taking any medication (*circle one*)? .Yes .No

If yes, please list medication: _____

Circle all that apply:

Are there gangs in your neighborhood? .Yes .No

Do you know anyone in a gang? .Yes .No

Are any of your friends in a gang? .Yes .No If yes, are they on gang terms? Yes .No

Are you in a gang? Yes .No If yes, name of gang? : _____

How would you describe your relationship with your family (*check all that apply*)?

☐ We are very close

☐ We are distant

☐ We are somewhat close

☐ We have no relationship

☐ We do things together

☐ I feel alone when I am home

☐ I feel safe telling them things

☐ I feel like I live in a prison

☐ I am aware of my parent's expectations

☐ I am afraid of my parents

☐ I think my parent's rules are fair

☐ I feel I must do things on my own

Describe your parents and family: _____

Describe your friends: _____

If there is anything additional you would like us to know, please explain: _____

By signing below, I indicate that I have filled out this form honestly and to the best of my knowledge.

Your signature

Date

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

PROGRAM REQUIREMENTS & SERVICE CONTRACT

Participant Name : _____ Case # : _____

Program Requirements

☒ I agree to cooperate with my Diversion Specialist and I will not re-offend while in this program. I understand that my case will be automatically terminated as unsuccessful if I re-offend.

☒ Your Deadline for all requirements is : _____ (_____)

Date Completed or Received:

<input type="checkbox"/> _____ Counseling: PRYDE : _____ Outside : _____	: _____
<input type="checkbox"/> _____ Legal Awareness Program : _____	: _____
<input type="checkbox"/> _____ Drug / Alcohol/ Tobacco Education : _____	: _____
<input type="checkbox"/> _____ Substance Abuse Assessment : _____	: _____
<input type="checkbox"/> _____ Drug Testing : _____	: _____
<input type="checkbox"/> _____ Community Service: Hrs _____	: _____
<input type="checkbox"/> _____ Restitution: Amount \$: _____ Due by : _____	: _____
<input type="checkbox"/> _____ Psychiatric Evaluation : _____	: _____
<input type="checkbox"/> _____ Assignment : _____	: _____
<input type="checkbox"/> _____ Assignment : _____	: _____
<input type="checkbox"/> _____ Assignment : _____	: _____
<input type="checkbox"/> _____ Other : _____	: _____

These services have been fully explained to me and I understand that, in order to successfully complete this program, I am to fulfill **all** program requirements by the deadline date. Once I complete all my requirements, my case will be closed as successful and formal action will not be pursued. Deadline extensions are given only for emergency circumstances and must be approved by the Administrative Case Manager. By signing below, I indicate that I have read and understand the above statement.

: _____
Signature of Client

: _____
Date

: _____
Signature of Parent/Guardian

: _____
Date

: _____
Signature of Diversion Specialist

: _____
Date

PRYDE

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO RELEASE FOR PRYDE REQUIREMENTS

Name of Client: _____ Case Number: _____

I hereby authorize PRYDE to contact organizations that I have been assigned to and that are on my program requirements form. I authorize the exchange of information regarding my conduct, attendance, completion or lack thereof and any other information that may be relevant for the closure of my PRYDE case.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT FOR SERVICES

I/we, the undersigned parent or guardian of, _____
consent to services that may be rendered by Pepperdine Resource, Youth Diversion, and Education (PRYDE). I understand that this is a voluntary program and I/we can withdraw my/our child from the program at anytime. I further understand that per our requirements discussion with the PRYDE Diversion Specialist, program completion should occur on or prior to: _____(:_____). I also understand that should I/we withdraw my/our child from the program, my/our child's case will be returned to the referring agency for further action.

Signature of Client

Date

Signature of Parent/Guardian Relationship to Child

Date

Signature of Parent/Guardian Relationship to Child

Date

Signature of Diversion Specialist

Date

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

COUNSELING SERVICES AGREEMENT

I understand that my participation in the no-cost counseling services provided by Pepperdine Resource, Youth Diversion, and Education (PRYDE) is voluntary, is a privilege and I agree to the following terms:

1. I agree to arrive to my counseling appointments promptly and at the time accorded.
2. I agree to provide my counselor with at least **24-hour notice** in the event that I am unable to attend or must reschedule a counseling session.
3. I agree that if I miss more than one appointment without suitable notice that my case may be closed automatically as **unsuccessful**.
4. I agree that excess rescheduling of appointments may result in the loss of the privilege of receiving counseling services through PRYDE and I would be responsible for finding and paying all costs for outside counseling services in order to complete PRYDE requirements.

I agree to attend : _____ counseling sessions, at which time my counselor will assess future counseling needs. I have until : _____ to complete these sessions.

: _____

Client Signature

: _____

Date

: _____

Parent Signature

: _____

Date

: _____

Parent Signature

: _____

Date