

Bernalillo County Youth Services Center
Community Custody and Youth Reporting Center/Girls Reporting Center
Completion/Transfer Form

Program: [ ] CCP [ ] YRC [ ] GRC Admission Date: \_\_\_\_\_ Discharge/Closure Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_ JPPO: \_\_\_\_\_ Judge \_\_\_\_\_

Client Attorney: \_\_\_\_\_ CCA: \_\_\_\_\_

Primary Service Requested As Identified on Referral Form

(Mark one):

- [ ] Offense
[ ] Probation Violation

Program Outcome for Primary Service (Mark one)

- [ ] Successful [ ] Unsuccessful

LEVEL: [ ] GPS [ ] Electronic Monitoring

Reason for Discharge (Mark one)

- [ ] Client Detained/Received Commitment/Sentenced
[ ] Completed Program/Treatment/Assessment
[ ] Case Dismissed/Charges Dropped
[ ] Transfer to probation prior to final disposition
[ ] Transfer to probation at final disposition
[ ] Entered Treatment Facility
[ ] Warrant
[ ] New Charges
[ ] FTA for next court hearing
[ ] Non-Compliant

Place of Residence at Discharge (Mark one):

- [ ] Family of Origin
[ ] Other Community Program
[ ] Adoption
[ ] Independent Living
[ ] TFC
[ ] No Defined Residence
[ ] Psychiatric/Treatment Center
[ ] Detention
[ ] Correctional Facility (adult or juv.)
[ ] Other (Specify) \_\_\_\_\_
[ ] Unknown

Holds:

- [ ] None
[ ] 2 Day Holds # of Holds \_\_\_\_\_ Dates: \_\_\_\_\_
[ ] 4 Day Holds # of Holds \_\_\_\_\_ Dates: \_\_\_\_\_

Community Service:

- [ ] Yes [ ] No
If yes, number of hours \_\_\_\_\_

Reading Lab Attendance:

- [ ] Yes [ ] No

Counseling/Case Management:

- Assessment: [ ] Yes [ ] No
Counseling: [ ] Yes [ ] No
Where: \_\_\_\_\_ Next Appointment: \_\_\_\_\_
Case Management: [ ] Yes [ ] No Where: \_\_\_\_\_

Education Status (Mark one):

- [ ] Attending [ ] GED
[ ] High School Graduate [ ] Some College
[ ] Drop Out [ ] Suspended
[ ] Expelled [ ] Not Attending
[ ] Not Applicable [ ] Unknown

If in School, name of school: \_\_\_\_\_

Progress in School (Mark one)

- [ ] Average [ ] Poor
[ ] Good [ ] Not Applicable
[ ] Unknown

Positive Behavior and Self-Sufficiency (Mark one)

- [ ] Marked Progress [ ] No Progress
[ ] Some Progress [ ] Insufficient Time to Assess
[ ] Decreased Progress [ ] Not Applicable
[ ] Unknown

Substance Use (Mark one):

- [ ] No Use at Entry or at Exit [ ] Increased [ ] Unknown
[ ] Abstinent, Working Recovery [ ] Decreased
[ ] Abstinent, Not Working Recovery [ ] No Progress

Substances while used in program:

- [ ] Alcohol [ ] Marijuana [ ] Methamphetamines
[ ] Opiates [ ] Inhalants [ ] Heroin
[ ] Cocaine [ ] Other \_\_\_\_\_

# of UA's Given \_\_\_\_\_ # positive \_\_\_\_\_ #negative \_\_\_\_\_

# of pending drug tests \_\_\_\_\_

Dates of Positive Tests: \_\_\_\_\_

Employment (Mark one):

- [ ] Yes [ ] No [ ] Not Applicable [ ] Unknown
If yes, where? \_\_\_\_\_
Number of Hours: \_\_\_\_\_

Additional Comments:

Person Completing Form \_\_\_\_\_ Printed Name

Supervisor Approval \_\_\_\_\_