Youth Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | Click or tap here to enter text. | | | **Juvenile#** | | | Click or tap here to enter text. | |
| Birthday: | Click or tap here to enter text. | | **Gender** | | | Click or tap here to enter text. | | |
| Placement: | Click or tap here to enter text. | | **Date of Admission** | | | | | Click or tap to enter a date. |
| Form Completed by: | | Click or tap here to enter text. | | | Click or tap to enter a date. | | | |

DJJ Information

|  |  |
| --- | --- |
| CAP Counselor: | Assigned case manager. |
| Phone: | Enter business phone numbers |
| E-Mail: | Enter business email address |
| CAP Supervisor: | Assigned case manager. |
| Phone: | Enter business phone numbers |
| E-Mail: | Enter business email address |
| CAP Manager: | Demetria Clayton |
| CAP Manager’s E-mail: | [Demetria.Clayton@djj.virginia.gov](mailto:Demetria.Clayton@djj.virginia.gov) |
| CAP Manager’s Phone: | (804) 338-7028 |

***All Level One*** *incidents must be communicated to the CAP Unit* ***immediately****, including the CAP Counselor and CAP Manager. All other incidents must be communicated within 24 hours or the next business day if the incident falls on a weekend and/or a holiday.*

Other DJJ Treatment Team Members

|  |  |
| --- | --- |
| Probation/ Parole Officer: | PO . |
| Job Title | Enter job title |
| Phone | Enter business phone numbers |
| E-Mail | Enter business email address |

Approved Family Contacts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | name | | **Name** | name | |
| Relationship: | relationship | | **Relationship:** | relationship | |
| Notify of SIR: | | Choose an item. | **Notify of SIR:** | | Choose an item. |
| Address | Enter address | | **Address** | Enter address | |
| Phone | Enter phone numbers | | **Phone** | Enter phone numbers | |
| E-Mail | Enter email address | | **E-Mail** | Enter email address | |

# Other: list other approved contacts here as needed

Other Agency Team Members

|  |  |
| --- | --- |
| Name: | i.e. DSS case manager |
| Job Title, Agency | Enter job title, Agency |
| Phone | Enter business phone numbers |
| E-Mail | Enter business email address |

# Contractor/ Payor

|  |  |
| --- | --- |
| AMIkids: | Korah Skuce (910) 987-7816,  [KSkuce@AMIkids.org](mailto:KSkuce@AMIkids.org) & [VAServices-CM@amikids.org](mailto:VAServices-CM@amikids.org) |
| Evidence-Based Associates | Kara Brooks (804) 433-7554, [KBrooks@EBAnetwork.com](mailto:KBrooks@EBAnetwork.com) |

# PREA Coordinator

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| --- |
| Lawanda Long Phone: (804) 297-1019 E-mail: [Lawanda.Long@djj.virginia.gov](mailto:Lawanda.Long@djj.virginia.gov) |