



# Post-Adjudication Pre-Admissions Information Form

Juvenile Name:	Juvenile Probation Officer:	County:
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If you have questions or need assistance with a physical, dental, TB test or psychological/behavioral health assessment, please call 903-786-6326 and speak with the Intake Coordinator.

<b>A court order for placement is required, the order shall state:</b>	
<i>“Placement at the Grayson County Department of Juvenile Services until successful completion of the program or until further order of the Court.”</i> Please attach the conditions of probation	
Phone: (903) 786-6326 Fax: (903) 786-9401 Website: <a href="http://www.GraysonDJS.com">www.GraysonDJS.com</a>	
<input type="checkbox"/>	<b>Adjudication &amp; Disposition Order for Placement</b>
<input type="checkbox"/>	<b>Conditions of Probation</b> – The resident will memorize their court ordered conditions and this will aid in outlining the residents visitation, phone and mail limitations.
<input type="checkbox"/>	<b>Interagency Application for Placement (Common Application for Placement)</b>
<input type="checkbox"/>	<b>Psychological Evaluation/Behavioral Health Assessment (<i>Completed within 12 months of admission</i>)</b> – Should indicate appropriateness for the child’s placement at the facility based on the needs and/or limitations of the child (mental illness, history of abuse, etc.) and placement in a physical training program (military style program, etc.)
<input type="checkbox"/>	<b>Immunization Records</b>
<input type="checkbox"/>	<b>Physical Examination (<i>Completed within last 90 days. Must be signed by a MD, DO, PA or NP</i>)</b> – Due to the nature of the daily physically strenuous training, this must be completed on the attached Department form ( <b>Attached</b> ).
<input type="checkbox"/>	<b>Tuberculosis Test (<i>Completed within 12 months of admission</i>)</b>
<b>Medical and Medication Authorization Form – Completed by Parent/Guardian</b>	
<input type="checkbox"/>	<b>Dental Exam (<i>Completed within 180 days of admission</i>)</b>
<input type="checkbox"/>	<b>30 Supply of Medications</b>
<input type="checkbox"/>	<b>Social Security Number</b>
<input type="checkbox"/>	<b>Birth Certificate</b>
<input type="checkbox"/>	<b>Education Records/ARD Information</b>