

To be filled out by youth.

Take Time to Reflect on What is Important – YOU!

(Feel free to fill this form out with your parents or guardians – be as specific as possible.)

Name: _____

Date of Birth: _____

Who is in your Family? (parents, siblings, extended family, pets)

How do you like to spend your free time? (hobbies, jobs, activities, interests)

What do you like about school? (favorite subjects, things you like to study)

What do you like about yourself? (things you are good at/ qualities that you possess)

What would you like to do in the future? (goals/plans)

Do you have any special learning needs? (learning disability/IEP)

Have you ever been told by a mental health professional that you have a specific diagnosis? (ADHD, depression) If so, what is it and are you being treated? (medicine/therapy)

Do you have any medical health concerns? (allergies, asthma, diabetes, etc., pregnancy)

Do you take any medicines on a regular basis? If so, what are they?

Have you ever participated in a group setting before? If yes, what was it like for you?

What (if any) are your questions/comments that you want to address during your intake appointment?

To be filled out by parent/guardian.

CDP PARTICIPANT: _____

Family Information/Contact Information

Mother's Name: _____	
Address/City/State/Zip: _____	
Home Phone: _____ Day/Evenings	Work Phone: _____ Day/Evenings
Cell Phone: _____	E-Mail Address: _____
May we contact you at work? Yes/No	
What is the best way to reach you? _____	
May we leave messages for you?	
<input type="checkbox"/> With other family members at home <input type="checkbox"/> On the home answering machine <input type="checkbox"/> At Work <input type="checkbox"/> Please do not leave messages at my home <input type="checkbox"/> Please do not leave messages at my office	

Father's name: _____	
Address/City/State/Zip: _____	
Home Phone: _____ Day/Evenings	Work Phone: _____ Day/Evenings
Cell Phone: _____	E-Mail Address: _____
May we contact you at work? Yes/No	
What is the best way to reach you? _____	
May we leave messages for you?	
<input type="checkbox"/> With other family members at home <input type="checkbox"/> On the home answering machine <input type="checkbox"/> At Work <input type="checkbox"/> Please do not leave messages at my home <input type="checkbox"/> Please do not leave messages at my office	

Other Responsible Adult: _____	
Relationship to Child: Step-Parent / Guardian / Other: _____	
Address/City/State/Zip: _____	
Home Phone: _____ Day/Evenings	Work Phone: _____ Day/Evenings
Cell Phone: _____	E-Mail Address: _____
May we contact you at work? Yes/No	
What is the best way to reach you? _____	
May we leave messages for you?	
<input type="checkbox"/> With other family members at home <input type="checkbox"/> On the home answering machine <input type="checkbox"/> At Work <input type="checkbox"/> Please do not leave messages at my home <input type="checkbox"/> Please do not leave messages at my office	

In case of an emergency, whom may we call?	
Name: _____	Phone: _____

To be filled out by parent/guardian.

Requests for More Information

At CDP we have a lot of information in print -- would you like information on any of the following topics?

Please circle all that apply. Your caseworker will mail out available materials within one week of interview appointment.

Teen Suicide	Cutting	Parent Support
Early Drug Prevention Materials	Addiction	HIV/STDS
The Juvenile Court System	Eating Disorders	Depression
GLBT Issues	Violence Prevention	Anger
Teen Mental Health	Stress & Wellness	Communication
Evaluation Services	Counseling Services	Afterschool Programs

Other:

To be completed by CDP staff

Requests were mailed on: _____

Staff Initials: _____

Please keep this form.

Name: _____

Caseworker: _____

Now that you are at CDP . . .

We believe this an opportunity for you to:

- Take full accountability for the events that lead you here!
- Take full responsibility for repairing possible harm!
- Work toward making positive changes in your life!
- Get involved in your community!

WHAT WE EXPECT OF YOU!

Our expectations are simple and clear.

- *Treat people and property with respect.*
- *Use your time at CDP wisely.*
- *Ask questions and try new things.*

Tips for Success

- 1) Please be aware of, and follow, CDP groundrules.
- 2) Be on time!
- 3) Keep track of your appointments, meetings, classes and community service.
- 4) Dress appropriately – please no images of drugs, violence or disrespect.
- 5) Leave your valuables at home. No IPODS, Walkmans, cash, etc. at the office.
- 6) If you have questions or concerns, or are just totally confused, PLEASE ask!



Now that you have had an interview meeting, the rest is up to you.
Good Luck completing your diversion contract!

Phone: (603) 430-8570

Fax: (603) 436-7219

Address: 440 Portsmouth Avenue Greenland, NH 03840

Please keep this form.

The Community Diversion Program Youth Bill of Rights

I have the right to be seen as a person able to change, grow and become positively connected to my community, no matter what type of poor decisions I have made in the past.

I have the right to take part in CDP services that are delivered in a way that build on my strengths.

I have a right to tell CDP about things that I am good at during the intake meeting, and while in different CDP programs.

I have a right to have my “not wanting to participate” viewed as a message that the wrong approach may be being used with me.

I have the right to learn from my mistakes, and to have support to learn that mistakes DO NOT mean failure.

I have the right to experience success, and to have CDP support connecting previous successes to future goals.

I have the right to have my gender recognized as a source of strength in my identity in all CDP programs and meetings.

I have the right to be assured that all written and oral, formal and informal communications about me at CDP include my strengths, as well as my needs.

I have the right to be served by professionals who like youth, and view youth positively.

I have the right to work with professionals who understand that motivating me, is related to successfully accessing my strengths.

I have the right to be viewed as more than a statistic or a stereotype.

I have the right to be an adolescent and to try out new identities.

I have the right to be viewed as a valuable resource and potential leader for the future.