

Housing Classification Re-Assessment for Youth

Youth Name: _____

Date: _____

Current Supervision Level: _____

Current Unit Assignment: _____

1. Current Score - From Last Classification Assessment

Current Score: _____

2. Escapes/Attempts since last Classification Assessment

1 or more = 6 Points, None = 0 points.

Points: _____

3. Number of Serious Incidents since last Classification Assessment*

**Youth-on-youth (including sexual contact) assaults, youth-on-staff assaults, group disturbances, or restraints.*

5 or more incidents = 4 Points

2 - 4 incidents = 2 Points

0 - 1 incidents = - 4 Points

Points: _____

Total Score: _____

Recommended Supervision Level:

Low=0 to 5, Medium= 6 to 10, High= 10 or above

Special Housing Issues. *Check all that apply that will require special housing decisions*

Y/N	<u>Issue:</u>	<u>Details</u>
	Medical Condition/Injury	
	Protective Custody	
	Mental Health/Low Funct./Suicide Risk:	
Behavioral Health review of Special Issues:		

Beh. Health Staff Signature required for all youth

Double Bunking Concerns. *Check all that apply that will require special bunking decisions*

Y/N	<u>Issue:</u>	<u>Details</u>
	Age is under 13: Do not bunk with youth over 16 years old.	
	Small or X-Large Body Size: Do not bunk small and extra large youth together	
	Sex Offense History: Single room only.	
	Other. Details:	

Final Housing Classification (Low, Med, High): _____

If different from recommended level, supervisor must approve

Unit Assignment: _____

Room Number: _____

Completed by: _____

Single Room Only? (Y/N) _____