



Lingle Directory Intake Survey

This survey is intended for privately-owned juvenile residential facilities. The survey contains 12 questions about the basic features of your program and should take about 10-15 minutes to complete. To save time, please answer the following two questions.

Yes No We are a private provider of treatment services for children and youth.

Yes No We accept referrals from private agencies or individuals.

If you answered **no** to either of these questions, please stop. We regret that we cannot include you in the Lingle Directory at this time. However, we may contact you for inclusion as the database expands.

If you answered **yes** to both of these questions, complete the questionnaire and return it in the enclosed envelope.

If you have any questions contact Hunter Hurst Jr. at:

National Center for Juvenile Justice
 3700 South Water Street, Suite 200
 Pittsburgh, PA 15203
 Phone: 412-227-6950
 Fax: 412-227-6955
lingledirectory@ncjj.org

**Person Completing this Survey
(Please Print)**

Name			
Title			E-mail
Address			Telephone
City	State	Zip Code	Fax

Program Contact Information

Program Name _____

Address _____

Website _____

Program Contact Name _____

Title _____

Phone _____ **Fax** _____

Email Address _____

Name of Parent Agency _____

1. **Program Administration** Our program is: *(Check one.)*
 Private, non-profit Private, for-profit Other _____

2. **Program Structure** Our program is: *(Check one.)*
 Non-secure Staff secure Other _____

3. **Referrals** Our agency accepts referrals from: *(Check all that apply.)*
 Juvenile court or equivalent
 Probation departments or juvenile justice agencies
 Child welfare agencies
 Private, non-profit agencies
 The juvenile and his/her family
 Other: _____

4. **Program Costs** Our program costs are paid by: *(Check all that apply.)*
 Public agency or government contracts
 State or federal assistance (ex. Medicaid)
 Local and state grants and subsidies
 Private family insurance
 Other: _____

5. **Target Population Legal Status** Our program accepts children and youth who are:
(Check all that apply.)
 Delinquent (adjudicated youth) Abused/Neglected
 At-risk or Pre-delinquent (non-adjudicated youth) Other: _____
 Status Offenders

6. **Special Populations** We specialize in providing services to children and youth who are:

(Check the top five answers.)

- | | |
|--|--|
| <input type="checkbox"/> Adolescent Mothers | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Arsonists | <input type="checkbox"/> Property Offenders |
| <input type="checkbox"/> Chronic Runaways | <input type="checkbox"/> Serious, Chronic, and Violent Offenders |
| <input type="checkbox"/> Drug Dealers | <input type="checkbox"/> Sex Offenders |
| <input type="checkbox"/> Female Offenders | <input type="checkbox"/> Sexually Abused Youth |
| <input type="checkbox"/> First-time Offenders | <input type="checkbox"/> Status Offenders |
| <input type="checkbox"/> Gang Members | <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Teenage Fathers |
| <input type="checkbox"/> Mental Health Consumers | <input type="checkbox"/> Truant |
| <input type="checkbox"/> Mentally Disabled | <input type="checkbox"/> Young Offenders |
| <input type="checkbox"/> Minority Offenders | <input type="checkbox"/> Weapons Offenders |
| | <input type="checkbox"/> Other: _____ |

7. **Age** Our program accepts children and youth ages _____

(Please indicate age range.)

8. **Gender** Our facility is for: (Choose one.)

- Males only Females only Both males and females

9. **Services & Interventions** We provide the following services and interventions:

(Check all that apply.)

Clinical Services/Counseling

- Family Counseling
- Group Counseling
- Individual Counseling
- Psych Consult/ Evaluations
- Psychotropic Medication
- Sex Offender Treatment
- Social Skills Groups
- Substance Abuse Treatment

- Other: _____

Education/Skill Development

- Academic
- Anger Management
- Behavior Management Training
- Career Education
- Mentoring
- Conflict Resolution
- Shoplifting Awareness
- Social Skills Development
- Special Education
- Therapeutic Milieu
- Vocational Training
- Experience-based
(ex. -Wilderness, boot camp, ropes courses)

- Other: _____

Supervision

- Aftercare
- Electronic Monitoring

- Other: _____

10. **Program Duration** Please state the standard duration of the program as it was designed. As an alternative, you can put the average length of stay. _____

11. **Program Description** Please provide a concise, 75 word description of your program that addresses the program type, population served, and the primary supervision or intervention type. Enclose a brochure of your facility or program if possible.

12. **Program Licensing** Please list your state licensing agency/office and the year of last review.

Agency/Office: _____ Year: _____

Before returning this survey, please be sure to complete the identification information on the front cover. We will use your response to develop a basic program profile for your agency in the Lingle Directory. Upon creating the profile, we will contact you with a user name and password so you can edit and expand it online at any time.

Thank you for participating in the Lingle Directory!