

BACKGROUND CHECK INSTRUCTIONS

YOUTH INVESTIGATIONS CRIME AND VICTIMIZATION DETERRENCE INITIATIVE
CHICAGO POLICE DEPARTMENT

The most prolific offenders or victims at highest risk will be determined prior to each home visit for this initiative. A complete background check will be conducted to give the team the most information possible about each targeted youth. Several risk markers have been identified by researchers as indicating the potential of serious delinquency. These markers have been included in the fields below:

- Criminal History of Youth
- Victimization of Youth
- Family contact with DCFS
- Address History
- Family conflict (Domestic Violence)
- Substance abuse for youth or family
- Mental Health contacts (CIT)
- Family gang connection
- Other, developmental delay or IEP, school or social problems, death of family member, youth in care, etc. if known.

Youth will be selected from the field teams research on offenders who have committed serious offenses, such as Vehicle Hijacking, Unlawful Use of Weapon offenses, or who have a prolific arrest history. Victims who seem to be at highest risk such as those who are found to be with known gang members, with an older adult who is arrested, etc. will be selected.

Field Team Detectives will complete this form and a copy of the attached form which will be shared with the Crisis Intervention Team. The Crisis Intervention Team will research the youth selected for red flags for mental health problems or contacts with the selected youth or their family and complete the appropriate boxes on CIT Health related information.

Section One (1) complete the information on the Youth and Parent. A 'Youth in Care' describes a youth in DCFS Custody, group home or foster home.

Section Two (2) complete the history on the youth. This section asks questions regarding the youths arrest history and history of victimization. How many times was the youth a victim, history of family related or domestic related cases, gang related cases, metal health contacts to be filled out by CIT, and to note any traumatic incidents: For example the youth was a victim of an Aggravated Battery and was with a friend who was the victim of a homicide.

Section Three (3) complete the review of the family and environmental history. This can be done by running the youth's residential address. How many times have the police been to the home on a Domestic Violence call? Check the address for address of arrestees: who in the house was arrested for substance abuse, who in the house has a criminal history, or is a known gang member?

Contact DCFS and learn if the youth or family has been subject of a DCFS report. Check the youths arrest history to determine if there is mention of a disability or IEP. CIT will check the number of CIT contacts and discuss which partners would best serve the youth prior to the home visits.

The team and visiting partners will review this form in a debriefing session prior to each home visit.

The background check will be approved by a supervisor prior to the visit. All forms will be retained with any pertinent documents after the visit for a time period to be determined.

BACKGROUND CHECK

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SECTION 1 YOUTH AND PARENT/GUARDIAN INFORMATION

YOUTH'S NAME		BIRTHDATE	PHONE NO.
HOME ADDRESS			SCHOOL'S NAME
PARENT/GUARDIAN'S NAME		HOME ADDRESS	
PHONE NO.	EMPLOYER'S NAME IF KNOWN		YOUTH IN CARE <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2 YOUTH HISTORY OF CRIMINALIZATION OR VICTIMIZATION

IR NUMBER	TOTAL ARRESTS	FELONY	MISDEMEANOR	GANG RELATED
VICTIMIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF REPORTS - FAMILY RELATED	NO. OF REPORTS - GANG RELATED		NO. OF REPORTS - MENTAL HEALTH RELATED
NOTE ANY TRAUMATIC INCIDENT FOUND				

SECTION 3 FAMILY/ENVIRONMENTAL HISTORY

ADDRESS HISTORY- TOTAL NO. OF CALLS	ADDRESS HISTORY- NO. OF DOMESTIC VIOLENCE CALLS	LIST ANY FAMILY MEMBER/RELATIONSHIP WHO APPEARS TO HAVE A HISTORY OF SUBSTANCE ABUSE		
LIST ANY FAMILY MEMBER/RELATIONSHIP WHO HAS A CRIMINAL HISTORY OR WHO HAS BEEN INCARCERATED		LIST ANY FAMILY MEMBER/RELATIONSHIP INCLUDING YOUTH WITH A HISTORY OF GANG INVOLVEMENT		
NO. OF DCFS CONTACTS	PHYSICAL ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SEXUAL ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NEGLECT OR ENDANGERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF OTHER FAMILY MEMBER WITH CONTACTS		RELATIONSHIP	NO. OF CIT CONTACTS	
ANY DISABILITY OR KNOWN IEP OR 504 PLANS FOR THE YOUTH? <input type="checkbox"/> YES <input type="checkbox"/> NO		DISABILITY IF KNOWN		
ANY PRIOR SERVICES OFFERED BY JISC OR OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SERVICE		NO. OF CURFEWS	NO. OF SCHOOL ABSENTEES
NAME OF REFERRING DETECTIVE/OFFICER			DATE OF VISIT	

BRIEFLY EXPLAIN REASON YOUTH IS AT RISK

CIT OFFICER/SUPERVISOR NOTIFIED	DATE AND TIME
DISTRICT OCP PERSONNEL NOTIFIED	DATE AND TIME

NAME OF AGENCY REQUESTED FOR VISIT OR AGENCIES REFERRED AND INDICATE IF THE AGENCIES WILL ACCOMPANY CPD ON THE VISIT TO YOUTH.

PREPARED BY	STAR NUMBER	DATE
SUPERVISOR'S APPROVAL	STAR NUMBER	DATE