



Youth Name:

MRYCI #:

Security Concerns:

Escape Risk: ☐ Yes ☐ No

Notes:

Self Mutilation: ☐ Yes ☐ No

Notes:

Risk to Others: ☐ Yes ☐ No

Notes:

Disciplinary Issues while in Detention: ☐ Yes ☐ No

Notes:

If you have any questions please contact Jeff Coomer at 765-942-2701 or at
mryc.operations@mryc-in.com

Mental Health Summary:

Suicide History or Risk: ☐ Yes ☐ No

Notes:

Mental Health Assessment Complete: ☐ Yes ☐ No

Notes:

If you have and questions please contact Leah Miels at 765-942-2701 or at
mryc.programs@mryc-in.com

Medical Summary:

Active Prescriptions: ☐ Yes ☐ No

Notes:

Active Medical Conditions: ☐ Yes ☐ No

Notes:

Scheduled Appointments: ☐ Yes ☐ No

Notes:

If you have any questions please contact Christy Hubble R.N. at 765-942-2701 or at
mryc.nursing@mryc-in.com

Social Service:

Progress Report:

☐ Yes

☐ No

Notes: _____

Personal Items:

☐ Yes

☐ No

Notes: _____

Personal Clothing:

☐ Yes

☐ No

Notes: _____

Pending Grievances:

☐ Yes

☐ No

Notes: _____

Education Plans: _____

Employment Plans: _____

If you have any questions please contact Leah Miels at 765-942-2701 or at
mryc.programs@mryc-in.com

Released to Parent:

☐ Yes

☐ No

Address of individual/organization to which youth was released: _____

Receiving Individuals signature: _____

Date: _____

Youth signature: _____

Date: _____

MRYCI releasing staff: _____

Date: _____