

BUFFALO COUNTY JUVENILE DIVERSION
PARENT QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

Email: _____

Telephone # Home: _____ Work: _____ Other: _____

What is the best way to get a hold of you for a question or in an emergency?

How many people live in your household? _____

What is your household income? (Please check, which most closely applies)

\$0 to \$10,000 \$10,000 to \$25,000 \$25,000 to \$40,000

\$40,000 +

What is the primary means of transportation for your household?

Own Public Walk Other _____

Does your child currently have health insurance? Yes No

Insured by: _____

Will you be present for your child's interview? Yes No

What were/are your thoughts and feelings regarding the incident your child was involved in?

Have you already given your child consequences for his/her involvement? Yes No

If yes, please explain what those consequences were?

What type of goals would you like to see in your child's Diversion Plan? _____

Do you have any other comments? _____

Do you want your child to participate in this program? Yes No