

Minnesota Correctional Facility-Red Wing
ADMISSION CRITERIA VERIFICATION AND INITIAL NEEDS ASSESSMENT

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Youth's Name: _____ DOB: _____ County: _____
(last, first, middle)

Type of Admission: Condition of Probation
 Commitment to the Commissioner of Corrections
(Warrant of Commitment and Court Order must be received prior to admission)

Admitting offense: _____ Estimated date of arrival: _____

SECTION I – ADMISSION CRITERIA

(Per Minnesota Rules 2960.0070, 2960.0160, 2960.0250, and 2960.0330)

SERIOUS OFFENDER (*adjudicated offenses must be included in one of the following*):

Offense(s): _____ Statute(s): _____

- Minn. Sentencing Guidelines Severity Levels VIII - XI (**presumptive commitment to state imprisonment**)
Presumptive commitment to state imprisonment – aggravated robbery (1st), controlled substance crime (1st / 2nd), assault (1st), murder (2nd unintentional murder and intentional murder, drive-by-shootings), and murder (3rd).
- Minn. Stat. 609.11 (**minimum sentence of imprisonment**)
Minimum sentence of imprisonment - murder (1st / 2nd / 3rd); assault (1st / 2nd / 3rd); burglary; kidnapping; false imprisonment; manslaughter (1st / 2nd); aggravated robbery; simple robbery; witness tampering (1st / aggravated 1st); criminal sexual conduct as described in [609.342, subdivision 1](#), clauses (a) to (f) / [609.343, subdivision 1](#), clauses (a) to (f) / [609.344, subdivision 1](#), clauses (a) to (e) and (h) to (j); escape from custody; arson (1st / 2nd / 3rd); drive-by shooting under section [609.66, subdivision 1e](#); stalking under section [609.749, subdivision 3](#), clause (3); possession or other unlawful use of a firearm or ammunition in violation of section [609.165, subdivision 1b](#), or [624.713, subdivision 1](#), clause (2), a felony violation of chapter 152; or any attempt to commit any of these offenses.
- Minn. Stat. 260B.125, Subd. 3 (2) (**any felony level offense committed while using a firearm**)
- Minn. Stat. 260B.130, subd. 1 (**designation of extended jurisdiction juvenile prosecutions**)

CHRONIC OFFENDER (*adjudicated offenses must include one of the following markers*):

- At least two current or previous felony level offenses
Felony Offense: _____ Statute: _____
Felony Offense: _____ Statute: _____
- One felony level offense and at least two gross misdemeanor (GM) offenses
Felony Offense: _____ Statute: _____
GM Offense: _____ Statute: _____
GM Offense: _____ Statute: _____

SEX OFFENDER (*must be adjudicated for a sex or sex-related offense and meets one of the following markers*):

- Failed to complete a court-ordered residential sex offender treatment program.
- Is court-ordered to complete sex offender treatment, but cannot gain admission.
- A completed sex offender evaluation determined the facility is the most appropriate placement. (Must be pre-approved by the SOTP administrative director)

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SECTION II – YOUTH’S INITIAL NEEDS

(Per Minnesota Rules 2960.0160)

Check all that apply to the youth:

- | | |
|--|---|
| <input type="checkbox"/> Danger to self or others | <input type="checkbox"/> Medical issues |
| <input type="checkbox"/> Vulnerable to abuse | <input type="checkbox"/> Mental health concerns |
| <input type="checkbox"/> Gender issues in regards to staff | <input type="checkbox"/> Specific cultural programming needs |
| <input type="checkbox"/> History of substance abuse | <input type="checkbox"/> Family is interested in being involved |

Please provide more information on any items checked above so we can prepare for the youth’s arrival:

SECTION III – REQUESTED DOCUMENTATION

(Per Minnesota Rules 2960.0070 and 2960.0160)

Prior to, or at the time of, admission please forward any documents related to the following:

- | | |
|---|--|
| • Circumstances leading to admission | • Physical health |
| • Presenting problems, assets, strengths | • Mental health (including psychological evaluation) |
| • YLS | • Sexually abusive behaviors |
| • Culture | • Vulnerability |
| • Education (including IEP) | • Chemical use assessment (conducted by LADC) |
| • Case/out-of-home placement plan | • Other relevant information |
| • Related information from the youth and his family | |

Form completed by: _____ Date: _____

Contact information: _____

SEND FORM / DOCUMENTATION TO:	MCF-Red Wing (ATTN: Records)	1079 Highway 292	Red Wing, MN 55066
	Phone: (651) 267-3600	Fax: (651) 267-3761	