

REQUIRED INTAKE INFORMATION

YOUTH IN CUSTODY PROGRAM

Student Name: _____

To be **ELIGIBLE** for services, a youth must be in the legal custody of the Utah Department of Human Services (DCFS, JJS) or an equivalent agency of a Native American tribe. I certify that the student named in this document is in the legal custody of one of the above named agencies.

Contact People: (required)	Phone Number	Cell/Pager Number
1st _____	() - _____	() - _____
2nd _____	() - _____	() - _____
3rd _____	() - _____	() - _____
4th _____	() - _____	() - _____

Date: _____

Caseworker/Manager Signature

Agency: The Division of Child and Family Services
Address: _____

Caseworker/Manager Name _____

Office Number: _____ Cell Number: () - _____
E-Mail Address: _____

BACKGROUND INFORMATION

Social Security Number: - - _____ Birth Date: _____ Age: ____
Gender: _____ Ethnicity: _____ Phone: _____ Current Grade: ____

1. Provider Agency: _____ Phone: () - _____
2. Name of Placement Parents/Group Home _____ Phone: _____
3. Address: _____ Zip _____
4. Tracker: _____ Agency: _____ Phone: () - _____
5. Judge: _____ Court Case Number: _____ Pending Court Date: _____
6. CASA: _____

EDUCATIONAL INFORMATION

7. Previous District(s): _____ Previous School(s): _____
Date Last Attended: _____ Grade: _____
8. Specify Previous Services:

<input type="checkbox"/> O and A _____	<input type="checkbox"/> Detention Centers _____
<input type="checkbox"/> Private Psychiatric Hospital _____	<input type="checkbox"/> Residential Schools _____
<input type="checkbox"/> Secure Facility _____	<input type="checkbox"/> Special Ed/Classification _____
<input type="checkbox"/> Group Homes _____	<input type="checkbox"/> ICWA/Title VII Indian Ed _____
<input type="checkbox"/> Out-of-State _____	<input type="checkbox"/> Title III English Learners _____

9. Information needed for appropriate educational placement (I.e., adjudicated status data, academic, and behavioral):

SOCIAL/MEDICAL INFORMATION

10. Immunization Record Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Birth Certificate Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Current Medications: _____	10. Receiving Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No Counselor: _____ Phone: () - _____ Agency: _____
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SCHOOL DISTRICT USE ONLY

School Assigned: _____ Court Case Number: _____
SIS YIC S3 Code: _____
District Student Number: _____
Check and Connect Mentor: _____
Transportation Arranged: Yes No SSID Number: _____
District Signature: _____ Date: _____

