

Union High School

"Home of the Cougars"

135 N. Union 124-3

Roosevelt, UT 84066

Main Line: 435-725-4525

Main Fax Line: 435-725-4576

Counseling Fax: 435-725-4579

UHS

FAX

To: Jody Marsden

From: John Jorgensen

Fax: 1-801-567-8067

Pages: 5

Phone:

Date: 1/5/2011

Re:

CC:

- Urgent For Review Please Comment Please Reply Please Recycle

Intake Form. Duchesne School District

Russell Nielsen, Principal

Glen Simkins, Assistant Principal

Mike Ross, Assistant Principal / Activities Director

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: _____

Please enter placement information for the student listed above.

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: _____

EDUCATIONAL INFORMATION

6. Previous District(s): _____ Previous School(s): _____
Day Last Attended: _____ Grade: _____

7. 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/Classificatiior |
| <input type="checkbox"/> Group Homes | <input type="checkbox"/> Out-of-State |
| <input type="checkbox"/> Other _____ | |

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

SOCIAL/MEDICAL INFORMATION

9. Immunization Record 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: _____
Transportation Arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No	YIC Service Code: _____
	District Student Number: _____
	YICSIS Number: _____
	SSID Number: _____
District Signature: _____	Date: _____

CHECK LIST FOR ENROLLING FOSTER CHILDREN AT UNION HIGH SCHOOL

WE MUST HAVE ALL OF THE FOLLOWING INFORMATION COMPLETED AND ON FILE PRIOR TO ENROLLING STUDENT IN FOSTER CARE.

NAME OF STUDENT: _____

DATE OF BIRTH: _____

BIRTH CERTIFICATE: { }_

IMMUNIZATION RECORD: { }

TRANSCRIPTS { }

SPEC ED FILE W/ CURRENT IEP IF APPLICABLE: { }

INTAKE PAPERWORK: { }

SOC SEC #: _____

FEE WAIVER SIGNED BY FOSTER PARENT: { }

BEHAVIOR LOG FROM PREVIOUS SCHOOL: { }