



***Student Intervention Services
Auxiliary Services Building***

7905 South Redwood Road-West Jordan, UT. 84088-4601

Youth In Custody Intake Procedures for 2010-11

Brett Wilson, Student Intervention Services Program Specialist
Jody Marsden, YIC Specialist/Counselor

If you have a student K-12 who has been previously enrolled or needs to be enrolled in the Jordan School District for the 2010-11 school year, please fill out the appropriate forms and fax them to the number listed below and call Jody Marsden.

Jody Marsden **(801) 567-8328**
Fax number (801) 567-8067

The following information is required for student placement

<u>K-6</u>	<u>7-12</u>
<ul style="list-style-type: none">➤ Youth In Custody Intake➤ 2010-11 Application for free milk and/or benefits.➤ Designation of Surrogate Parent➤ Immunization Record➤ Birth Certificate➤ Student Court Case Number	<ul style="list-style-type: none">➤ Youth In Custody Intake➤ 2010-11 Application for free milk and/or benefits.➤ Designation of Surrogate Parent➤ Immunization Record➤ Birth Certificate➤ Student Court Case Number➤ Student Transcripts

Additional Information is also necessary if applicable.

- Special Education IEP

**** Please note all students need to be properly withdrawn from their previous school. We ask that you notify the student(s) mentor and or YIC Office when there is a change in Caseworker or Case manager.**

We appreciate your cooperation and look forward to working with you.

REQUIRED INTAKE INFORMATION

YOUTH IN CUSTODY PROGRAM

Student Name _____

To be **ELIGIBLE** for services, a youth must be in the legal custody of the Division of Child & Family Services, the Division of Juvenile Justice Services or Tribal Custody. I certify that the student named below is in custody of one of the above named agencies for the state of Utah.

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

Date: _____

Case Manager's Signature: _____

Print Caseworker/Manager Name: _____

Agency: _____

Office number: _____ Cell number: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

BACKGROUND INFORMATION

Social Security Number: _____ Birth Date: _____ Age: _____

Gender: _____ Ethnicity: _____ Phone: _____ Current Grade: _____

Please enter placement information for the student listed above.

- Provider Agency: _____ Phone: _____
- Name of Placement Parents/Group Home _____ Phone: _____
- Address: _____ Zip: _____
- Tracker: _____ Agency: _____ Phone: _____
- Judge: _____ Court Case Number: _____ Pending Court Date: _____

EDUCATIONAL INFORMATION

6. Previous District(s): _____ Previous School(s): _____
Date 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/Classification |
| <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 Yes No

9. Receiving Counseling: Yes No

Current Medications: _____

Counselor: _____

Phone: _____

Agency: _____

SCHOOL DISTRICT USE ONLY

School Assigned: _____ Court Case Number: _____
YIC Service Code: _____

District Student Number: _____

Transportation Arranged: Yes No

YICSIS Number: _____

SSID Number: _____

District Signature: _____ Date: _____

Jordan School District 2010-2011

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp, FEP or FDPIR case # (if any). Skip to Part 5 if you list a Food Stamp, FEP or FDPIR case #	Student ID

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box.

Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name List everyone in household and the income each earns or check the box at the right if they have no income	2. Gross income and how often it was received								3. Check if NO income	
	Earnings from Work before deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income			
	Income	How often	Income	How often	Income	How often	Income	How often		
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____

Address: _____ Phone Number: _____

Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- Asian
- American Indian or Alaska Native
- White
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____ Error prone:

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____