

# YOUTH IN CARE – STUDENT INFORMATION FORM

Student Name:

Caseworker/Manager Name:

*I certify that the student named in this document is in the legal custody of or receiving services from the Utah Department of Human Services (DCFS, JJS) or an equivalent agency of a Native American tribe.*

Caseworker/Manager Signature:

Date:

Email:

Mobile Number:

Office Number:

Agency: DCFS

DJJS

Other

Address:

## STUDENT INFORMATION

Preferred Name:

Birth Date:

Age:

Current Grade:

Sex:

Ethnicity:

Phone Number:

Primary Contact People:

Name

Relationship to Student

Phone Number

1.

2.

3.

Parental Contact (Yes, No, Restricted):

Judge:

Court Case Number:

Pending Court Date:

## PLACEMENT INFORMATION

Provider Agency:

Phone:

Name of Placement Parents/Group Home:

Phone:

Placement Parents/Group Home Address:

Tracker:

CASA:

## EDUCATIONAL INFORMATION

Previous Schools:

| District Name | School Name | Date Last Attended |
|---------------|-------------|--------------------|
|---------------|-------------|--------------------|

1.

2.

3.

4.

Special Education (Y/N):

Safe School Violation (Y/N):

English Language Learner (Y/N):

Is there a safety plan in place? (Y/N):

Specify Previous Services:

- |   |   |
|---|---|
| <input type="checkbox"/> Day Treatment                    | <input type="checkbox"/> Detention Centers          |
| <input type="checkbox"/> Private and Psychiatric Hospital | <input type="checkbox"/> Residential Schools        |
| <input type="checkbox"/> Secure Facility                  | <input type="checkbox"/> WA/Title VII Indian Ed.    |
| <input type="checkbox"/> Group Homes                      | <input type="checkbox"/> Title III English Learners |
| <input type="checkbox"/> Out-of-State                     | <input type="checkbox"/> Transition Program         |

## SOCIAL/MEDICAL INFORMATION

Immunization Record Provided (Y/N):

Birth Certificate Provided (Y/N):

Allergies:

Current Medications:

Receiving Counseling (Y/N):

Counselor Name:

Phone:

Agency:

## SCHOOL DISTRICT USE ONLY

School Assigned:

Check and Connect Mentor:

Transportation Arranged (Y/N):

District Student Number:

SSID Number:

District Signature:

Date:

*The requested information may be shared under 53A-1-1409 Sharing Student Data.*