

# YOUTH IN CARE – REQUIRED INTAKE INFORMATION

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: \_\_\_\_\_ Cell number: \_\_\_\_\_

Agency:  DCFS  DJJS  Other \_\_\_\_\_ Office number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

## STUDENT INFORMATION

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact People:

<u>Name</u>	<u>Relationship to Student</u>	<u>Phone number</u>
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: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Placement Parents/Group Home Email Address: \_\_\_\_\_

Tracker: \_\_\_\_\_ CASA: \_\_\_\_\_

## EDUCATIONAL INFORMATION

Previous Schools:

District Name:	School Name	Date last attended

Special Education:  Yes  No English Language Learner:  Yes  No

Safe School Violation:  Yes  No Is there a safety plan in place? :  Yes  No

## EDUCATIONAL INFORMATION CONTINUED

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:  Yes  No

Birth Certificate Provided:  Yes  No

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Receiving Counseling:  Yes  No

Counselor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

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## SCHOOL DISTRICT USE ONLY

School Assigned: \_\_\_\_\_ Check & Connect Mentor: \_\_\_\_\_

Transportation Arranged:  Yes  No

District Student Number: \_\_\_\_\_ SSID Number: \_\_\_\_\_

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The requested information may be shared under 53A-1-1409 Sharing student data.*