

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: _____

Case Manager's Signature: _____

Print Caseworker/Manager Name: _____

Agency: _____

Office number: _____

Cell number: _____

Address: _____

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.

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

EDUCATIONAL INFORMATION

- Previous District(s): _____ Previous School(s): _____
Date Last Attended: _____ Grade: _____
- 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 _____
- 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 | 9. Receiving Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Medications: _____ | Counselor: _____ |
| _____ | Phone: _____ |
| _____ | Agency: _____ |

SCHOOL DISTRICT USE ONLY

- | | |
|---|--------------------------------|
| School Assigned: _____ | Court Case Number _____ |
| | S3 Record Code _____ |
| Check and Connect Mentor: _____ | District Student Number: _____ |
| Transportation Arranged: <input type="checkbox"/> Yes <input type="checkbox"/> No | YICSIS Number: _____ |
| | SSID Number: _____ |
| District Signature: _____ | Date: _____ |