

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: 0 _____ 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): _____
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
Current Medications: _____

9. Receiving Counseling: Yes No
Counselor: _____
Phone: _____
Agency: _____

SCHOOL DISTRICT USE ONLY

School Assigned: _____ Court Case Number: _____
 YIC Service Code: _____
 District Student Number: _____
 YICSIS Number: _____
 SSID Number: _____
 Date: _____

Transportation Arranged: Yes No

District Signature: _____