

**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.*

Case Manager's Signature: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_

Print Caseworker/Manager Name: \_\_\_\_\_

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

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.

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: \_\_\_\_\_

Transportation Arranged:  Yes  No District Student Number: \_\_\_\_\_

YICSIS Number: \_\_\_\_\_

SSID Number: \_\_\_\_\_

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