

EATON COUNTY YOUTH FACILITY

INTAKE FORM

Detention

Residential Treatment

Community Based Treatment

Resident Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Court \_\_\_\_\_ ACT-150 \_\_\_\_\_

Expected Arrival Date/Time: \_\_\_\_\_

County: \_\_\_\_\_ SSN: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Telephone: H- \_\_\_\_\_ W- \_\_\_\_\_

Telephone: H- \_\_\_\_\_ W- \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Youth Living With: \_\_\_\_\_ Parent/Grandparent Approved to Visit: YES NO

GRANDPARENTS' NAMES \_\_\_\_\_

REASON FOR CURRENT COURT INVOLVEMENT

1. Specific Charge(s): \_\_\_\_\_
2. Previous Offenses: \_\_\_\_\_
3. Previous Placements: \_\_\_\_\_
4. Date(s) Time(s) and Type(s) of Hearing(s) Scheduled: \_\_\_\_\_

Legal Status at time of admission: Pre-adjudicated \_\_\_\_\_ Adjudicated awaiting placement \_\_\_\_\_ Dispositional \_\_\_\_\_

Estimated Length of Stay: \_\_\_\_\_ Awaiting: Placement \_\_\_\_\_ Hearing \_\_\_\_\_ Release Home \_\_\_\_\_

EDUCATIONAL INFORMATION

Current Enrollment/Name of School and Location: \_\_\_\_\_

Is Youth Currently Attending School? \_\_\_\_\_ If not attending, why? \_\_\_\_\_

Last grade level completed: \_\_\_\_\_ Special Education: YES NO (circle one) Specify any services needed: \_\_\_\_\_

FAMILY/YOUTH DYNAMICS

Youth Concerns: \_\_\_\_\_

Family Concerns: \_\_\_\_\_

Projected Plans Following Detention: \_\_\_\_\_

MEDICAL INFORMATION

List Medical Problems, Disabilities, or Mental Health Concerns: \_\_\_\_\_

Is the Youth Currently Taking any Medication(s): YES NO (circle one) If yes, list med(s) and reason(s) for taking: \_\_\_\_\_

Medical Coverage Type: \_\_\_\_\_ Coverage/Plan #'s: \_\_\_\_\_

CASEWORKER/AGENCY CONTACT INFORMATION AND COMMUNICATION OF LODGING REQUIREMENTS

P.O./Caseworker Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Agency/Worker On-Call #: \_\_\_\_\_

\*\*\*Inform Caseworker the Court Order specifically listing Eaton County Youth Facility with Emergency Medical Release is due within 24 Hours of Youth Being Lodged. Also inform caseworker ECYF reserves the right to give a 24 Hour notice for the youth to be moved at our discretion. Initial and date when complete.

Staff Name \_\_\_\_\_ Date: \_\_\_\_\_