



JUVENILE JUSTICE COMMISSION
OFFICE OF SUBSTANCE ABUSE ADMINISTRATION

INTAKE INFORMATION FACE SHEET

SPECIAL MEDICAL PROBLEMS, NEEDS,
ALLERGIES, ETC. (Note in RED Ink):

Program: _____

JUVENILE'S PERSONAL INFORMATION

Juvenile's Name: _____

Intake Date: _____

Home Address: _____

Date of Birth: _____

(Number & Street, Apartment Number)

Age at Intake: _____

(City, State & Zip Code)

Weight: _____

Gender: Male

Height: _____

Female

Hair: _____

Eyes: _____

Last Grade
Attended: _____

Name of Last School: _____

Marks & Scars: _____

Tattoos: _____

JUVENILE'S STATUS & OFFENSE INFORMATION

COMMITTED State #: _____

PROBATIONER County: _____

Judge: _____

County: _____

Disposition Date: _____

Length of Disposition: _____

Tentative Release Date: _____

Committing Offenses: _____

Committing Offenses: _____

Juvenile's Name: _____

Intake Date: _____

Date of Birth: _____

CONTACT INFORMATION

(Emergency Contact)

(Emergency Contact Address)

(Emergency Contact Phone)

(Parent or Guardian)

(Parent or Guardian Address)

(Parent or Guardian Phone)

(DYFS Caseworker (If Applicable))

(DYFS Caseworker Address)

(DYFS Caseworker Phone)

(Probation or Parole Officer)

(Probation or Parole Address)

(Probation or Parole Phone)

(Personal Physician)

(Personal Physician Address)

(Personal Physician Phone)

IMPORTANT FOLLOW-UP NEEDS

Ongoing
Medical Care:
(Specify in Full)

Medical
Insurance
Information:
(If Applicable):

Pending Charges
at time of
Admission
(County, Contact
Person, Phone#):

Other:
(Specify in Full)

Juvenile's Name: _____

Intake Date: _____

Date of Birth: _____

Gender: Female Male

- Race: American Indian/Alaska Native
 Asian
 Black
 Caucasin
 Hispanic

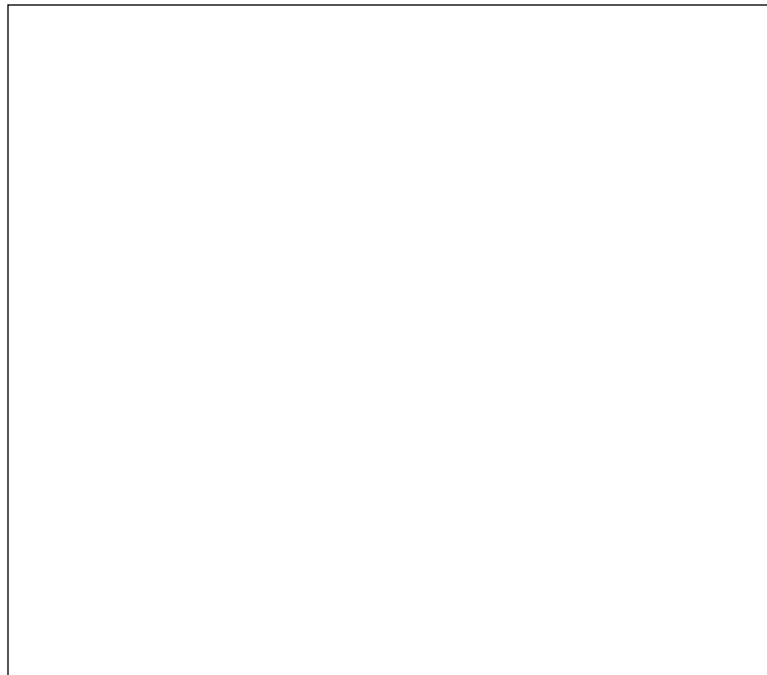
Weight: _____

Height: _____

Hair: _____

Eyes: _____

Marks,
Scars & Tattoos: _____



Attach Identification Photograph Here

STAFF MEMBER CERTIFICATION

Print Name: _____

Title: _____

Signature: _____

Date: _____

This form must be typed or clearly printed and shall serve as a face sheet
Any other program intake forms may be attached