

DJS INTAKE INFORMATION SHEET

TODAY'S DATE: _____

YOUTH'S FULL LEGAL NAME _____ SS# _____
 NICKNAME _____ DATE OF BIRTH _____
 YOUTH'S RACE/ETHNICITY _____ YOUTH'S GENDER IDENTITY _____
 YOUTH'S CURRENT ADDRESS _____
 HOME PHONE _____ YOUTH'S CELL PHONE # _____
 SCHOOL _____ GRADE _____
 YOUTH'S PLACE OF EMPLOYMENT _____
 PLACE OF BIRTH (CITY & STATE) _____
 IF OUTSIDE THE U.S., WHEN DID THEY MOVE HERE _____

PARENT/GUARDIAN _____ RELATIONSHIP _____
 DOB: _____ SS# _____ RACE/ETHNICITY _____
 HOME PHONE _____ CELL PHONE _____
 ADDRESS (if different from youth's) _____
 PLACE OF EMPLOYMENT _____
 OCCUPATION _____ WORK PHONE # _____

PARENT/GUARDIAN _____ RELATIONSHIP _____
 DOB: _____ SS# _____ RACE/ETHNICITY _____
 HOME PHONE _____ CELL PHONE _____
 ADDRESS (if different from youth's) _____
 PLACE OF EMPLOYMENT _____
 OCCUPATION _____ WORK PHONE # _____

YOUTH RESIDES WITH _____ RELATIONSHIP TO YOUTH _____
 WHO HAS LEGAL CUSTODY? _____
 PARENTAL STATUS (Check one): Single Married Divorced Separated Other
 NUMBER OF CHILDREN IN FAMILY _____ NUMBER OF CHILDREN LIVING AT HOME _____
 NUMBER OF CHILDREN LIVING IN THE HOME OVER AGE 16 _____
 PRIMARY LANGUAGE SPOKEN BY FAMILY _____

YOUTH'S CURRENT MEDICAL INSURANCE _____
 YOUTH'S CURRENT MEDICATION(S) _____
 YOUTH'S MENTAL/PHYSICAL HEALTH DIAGNOSIS _____
 (Please check either YES or NO)
 YOUTH HAS ALLERGIES: YES or NO
 YOUTH IS IN COUNSELING/THERAPY: YES or NO
 YOUTH HAS SUICIDIAL HISTORY: YES or NO
 YOUTH HAS PRIOR EMERGENCY HOSPITALIZATIONS: YES or NO
 YOUTH HAS RUNAWAY INCIDENTS: YES or NO
 PROVIDER: _____