

**BAY COUNTY JUVENILE HOME
RESIDENT INTAKE REQUEST FORM**

(Form may be completed and faxed to 989.892.4419 with a follow up telephone call or just phone the information to 989.892.4519.)

Scan this form into the youth's file after intake

Name of Youth: _____ D.O.B: _____

Address of Youth: _____

Name of Parents/Guardians: _____ Phone#: _____

Address: _____

Parent/Guardian/Grandparent **allowed** access to youth? _____

Parent/Guardian/Grandparent **not allowed** access to youth? _____

Date/Day Needed for Placement: _____ E.T.A. _____

County Agency Requesting Placement: _____

Name of Probation Officer/Caseworker: _____

Email address of PO/Caseworker _____

Telephone#: _____ 24 Hour Contact #: _____

Current Charges/Offense: _____

Estimated Length of Stay _____

Any known medical problems or disabilities: _____

Is the youth in need of medical attention? _____

Has there been recent drug or alcohol use by the youth (48hours)? _____

What type of use? PBT or other test results? _____

Prescribed Medications (Bring with resident at time of intake): _____

Inhaler/glasses etc...? _____

Comments or additional information: _____

Administrator/Team Leader Approval: _____ Date: _____