

SAULT TRIBE YOUTH FACILITY

1130 North State Street St. Ignace, Mi 49781
Phone: (906) 643-0941 Fax: (906)643-6340

INTAKE FORM

(Please Print Clearly)

Name: _____ Arrival Date/Time: _____

Referring Court: _____ Court Address: _____
City/State: _____

Probation Officer/Caseworker: _____

Contact Number: _____ Court Ward: ___ or Act 150 ___

*SSN: _____ DOB: _____

Sex: () Male () Female HGT: _____ WGT: _____ HAIR: _____ EYES: _____

Specific Charge: _____ Original Charge(s): _____

Previous Placement(s): _____

Previous Mental Health Placement(s): _____

Length of Stay: _____ days OR Under 7 days Over 7 days Unknown (circle one)

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Telephone: _____ Telephone: _____

Marital Status: _____ Living with: _____

List of Current Medication(s): _____
(Must come with all medications for length of stay)

*Medical Insurance Provider: _____ ID#: _____
(Include copy of insurance card, both sides)

Medical Problems/Disabilities: _____

Ever Attempted Suicide: () Yes () No Aggressive / Assaultive Behavior: () Yes () No

Other Behavioral / Emotional Concerns: _____

Previous School Attended: _____

Grade Level: _____ Special Ed.?: () Yes () No

Allergies (medications, foods, etc.): _____

Approved Visitors / Telephone Contacts: _____

COURT ORDER MUST HAVE A RELEASE DATE