

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 14 days Over 14 days (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 Orders:**

- All court orders must specify a release date and obtain approval from either a Lead Officer or the officer on duty before a resident can be accepted by STYF.

- **Transportation:**

- STYF does not provide transportation for residents other than doctor appts to Mackinac Straits Hospital and Tribal Health Center in St. Ignace. It is the responsibility of the placement agency to arrange and manage for all other transportation needs. All court appts are done through zoom at STYF, no transportation is required.

- **Form Submission:**

- The updated form must be completed in its entirety. Incomplete forms with any blank fields will not be accepted and may delay the placement process. Only the most current version of this form will be considered valid.

- **Emergency Room Visits:**

- In the event that an emergency room visit related to HBH is necessary, the placement agency is responsible for transporting the resident to the ER and remain with the resident until released. On-call contact information for case workers and probation officers must be available at all times. STYF must be notified of any changes to on-call personnel promptly.

On-Call Information for HBH Related ER Visits

1. **Case Worker**

- **Name:**
- **Phone Number:**
- **On-Call Dates:**

2. **Probation Officer**

- **Name:**
- **Phone Number:**
- **On-Call Dates:**

3. **Additional Contact (if applicable)**

- **Name:**
- **Phone Number:**
- **On-Call Dates:**

* STYF denotes: Sault Tribe Youth Facility

* Revised 8-8-24