SAULT TRIBE YOUTH FACILITY INTAKE FORM
1130 North State Street, St. Ignace, MI 49781
Phone: (906) 643-0941 Fax: (906) 643-6340 Revised 1-27-26

Instructions and admittance information:

- Call the facility for availability.
- Go to Saulttibe.com. Under the Government tab, click Sault Tribe Youth Facility. Under Information on the left, click Sault Tribe Youth Facility Intake form. Print and fill it out in its entirety. An incomplete form may delay placement.
- Fax intake form to Sault Tribe Youth Facility at (906) 643-6340
- Call Facility indicating that you have sent a fax (906) 643-0941
- Upon review, an officer will call you back in a timely manner.
- No resident will be admitted if they are intoxicated without proof of a Preliminary Breath test result of .02 or lower.
- If suspected of being under the influence of other drugs, a medical clearance signed by a medical doctor will need to be done prior to acceptance. Form is located on our website.
- A court order or signed affidavit from a referee is needed for placement.

Name: _____ Age: _____

LENGTH OF STAY (Preferred): _____

Arrival Date: _____ Upon acceptance, please let us know what time you will be arriving.

Referring Court/Address: _____

Probation Officer/Caseworker: _____

Contact Number: _____Court Ward_____ or Act 150_____

Is the youth Tribal? ( ) YES ( ) NO Date of Birth: _____

Sex: ( ) Male ( ) Female Height: _____ Weight:_____

Hair Color: _____ Eye Color: _____

REASON FOR CURRENT COURT INVOLVEMENT:

1. Specific Charge(s): _____
2. Previous Offenses: _____
3. Previous Placements (including mental health placements). _____

   _____

Ever Attempted Suicide: ( ) YES ( ) NO Aggressive/Assaultive Behavior: ( ) YES ( ) NO

Other Behavioral/Emotional Concerns: _____
Current School: _____

Grade Level: _____ Special Ed/IEP: ( ) YES ( ) NO

Allergies

Bee stings: ( ) YES ( ) NO
Does youth require an epi-pen: ( ) YES ( ) NO
Food: _____
All medications are required to be in the original prescription container. Please also send and epi-pen If prescribed. A doctor's note is required for Melatonin.

_____

_____

_____

Chronic Conditions

Asthma: ( ) YES ( ) NO
Diabetes: ( ) YES ( ) NO
Seizure Disorder: ( ) YES ( ) NO
Mental Health & Other Conditions:

_____

_____

_____

_____

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

- If a resident is placed for longer than 30 days and is on Medicaid, the county/worker is responsible for paying for medications. **Initial: _____**

Medical Problems/Disabilities: _____

Fathers Name: _____ **Mothers Name**: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

Marital Status: _____ Marital Status: _____

Approved Visitors/Phone Contacts. Must be approved by a probation officer or case worker.

First name Last name Phone number Relationship to youth

1. _____
2. _____
3. _____
4. _____

Contacts: (Required)

Placing Officer

Name: _____

Cell Number: _____

Email: _____

Acting Probation Officer

Name: _____

Cell Number: _____

Email: _____

On-Call Dates: _____

Case Worker

Name: _____

Cell Number: _____

Email: _____

On-Call Dates: _____

Secondary Contact

Name: _____

Cell Number: _____

Email: _____

On-Call Dates: _____

Please Initial All Areas Below

Youth under the influence: Per the Bureau of Indian Affairs (BIA) We cannot accept intoxicated youth. A Preliminary Breath Test must show a reading below 0.02 to be accepted. Youth suspected of being under the influence of drugs must obtain Medical Clearance from the hospital to be accepted. The Medical Clearance form is available on our website. **Initial:** _____

Status vs. Non-status Offence Acceptance: Per the Bureau of Indian Affairs (BIA), we cannot accept youth solely for a status offence. Status offenses include: Incorrigible, Runaway, Minor in Possession, Truancy, Curfew violations, and underage drinking/smoking. If the previous offense is a non-status offense, then we could accept the youth on a probation violation.

Transportation: Sault Tribe Youth Facility DOES NOT provide transportation for residents, except for doctor appointments, to Mackinac Straits Hospital and Sault Tribal Health Center in St. Ignace. The placement agency is responsible for arranging and managing all transportation needs. All court appointments are held via Zoom at the Sault Tribe Youth Facility; no transportation is required.

Initial: _____

Emergency Room Visits: If an emergency room visit related to Hiawatha Behavioral Health is necessary, the placement agency is responsible for transporting the resident to the ER and will remain with the resident until the resident is released. On-call contact information for case workers and probation officers must always be available. The Sault Tribe Youth Facility must be notified promptly of any changes to on-call personnel.

Initial: _____

Unexpected Resident Departure: In the event a youth needs to be returned to the referring county because of such issues as limited bed space, extreme medical needs, suicidal watch with one-on-one care, and/or extreme, volatile, or destructive behaviors, the Sault Tribe Youth Facility will give a **48-hour** notice to the referring county to find an alternative placement. **Initial**: _____

Form Submission: Please complete this updated form in its entirety. Incomplete forms with blank fields will not be accepted and may delay placement. This form was revised on 1-27-26, and only this revised form will be accepted for intake; all previous forms are invalid. **Initial:** _____

- **An officer will be contacting the parent/guardian for over-the-counter and prescription medication approval.**

Form Submitted by: _____