

JUVENILE INFORMATION SHEET

INFORMATION ON THE JUVENILE:

* DATE: _____

*NAME: _____ *D.O.B. _____
Last name First M.I.

*SEX: _____ *RACE: _____ HEIGHT: _____ WEIGHT: _____

EYE COLOR _____ HAIR COLOR _____ *SOCIAL SECURITY # _____

PLACE OF BIRTH: _____

TATTOOS OR SCARS _____

ALIAS/NICKNAMES _____

*ADDRESS: _____
Street Address City State Zip

*ADDRESS: _____
911 Address City State Zip

*BORO/TWP. OF RESIDENCE _____ EMAIL _____

*HOME PHONE _____ ALTERNATE PHONE _____

*HOME SCHOOL _____ *GRADE _____

ALTERNATIVE SCHOOL _____ GRADE _____

*INCOME TO CHILD: _____ /MONTH SPECIFY: _____

EMPLOYMENT: _____

*MEDICAL INSURANCE NAME: _____ *GROUP# _____

*ADDRESS: _____

*EFFECTIVE DATE _____ *DR. NAME _____

DRIVER'S LICENSE INFO:

ISSUE DATE: _____ ID# _____ ISSUING STATE _____

INFORMATION ON CUSTODIAL PARENT/GUARDIAN

FIRST PARENT/GUARDIAN:

*MARITAL STATUS OF BIOLOGICAL PARENTS: _____
(Single, Married, Divorced, Separated, Never Married)

*NAME: _____
Last name First M.I. Relation

*D.O.B. _____ *SOCIAL SECURITY # _____

*ADDRESS: _____
Street Address If Different Than Juvenile

*BORO/TWP. OF RESIDENCE _____ EMAIL _____

*HOME PHONE _____ ALTERNATE PHONE _____

EMPLOYER: _____

MONTHLY EARNINGS: _____

SECOND PARENT/GUARDIAN:

*NAME: _____
Last name First M.I. Relation

*D.O.B. _____ *SOCIAL SECURITY # _____

*ADDRESS: _____
Street Address If Different Than Juvenile

*BORO/TWP. OF RESIDENCE _____ EMAIL _____

*HOME PHONE _____ ALTERNATE PHONE _____

EMPLOYER: _____

MONTHLY EARNINGS: _____

STEP-PARENT/GUARDIAN INFO: (IF RESIDING WITH JUVENILE)

*NAME: _____
Last name First M.I. Relation

*D.O.B. _____ *SOCIAL SECURITY # _____

Street Address If Different Than Juvenile

*ADDRESS: _____

*BORO/TWP. OF RESIDENCE _____ EMAIL _____

*HOME PHONE _____ ALTERNATE PHONE _____

EMPLOYER: _____

MONTHLY EARNINGS: _____

*** JUVENILE'S BROTHERS AND SISTERS**

NAME: _____ ADDRESS(if different than juv.) _____ D.O.B. _____ SS# _____

1. _____

2. _____

3. _____

4. _____

5. _____

*** IS THE JUVENILE INVOLVED WITH ANY OF THE FOLLOWING AGENCIES**

____ Children & Youth ____ Mental Health ____ Drug & Alcohol

____ Intermediate Unit ____ Other (Please Specify) _____

Does your child have any major health concerns or are they taking any medications at this time? If so, please specify:

PLEASE BRING THIS INFORMATION WITH YOU AT THE TIME OF THE INTAKE INTERVIEW, ALONG WITH A COPY OF THE JUVENILE'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD, AND MEDICAL CARD