

CHILDREN'S VILLAGE – INTAKE INFORMATION

Name of Youngster: _____ Age: _____ DOB: _____

Case Number: _____

Caseworker Name: _____ Telephone: _____

Reason for Admittance: _____

Original Charge: _____

Current Charge: _____

By Court/FIA/Other: _____

Type of Court Order: _____

Adjourned Court Date: _____ Time: _____ For: _____

CAUTIONS/ALERTS/COMMENTS:

Suicide Precaution: _____ Close Observation: _____

Intake Watch: _____ Logging Frequency: _____

Health/Medical Alerts: _____

Currently Pregnant? _____ Expected Due Date: _____

Other (Explain): _____

Background Information
Pertaining to Admittance: _____

Authorized Visitor(s): _____

FOR CHILDREN'S VILLAGE USE ONLY

Date of Authorization: _____	Authorized by: _____
Assigned to Building: _____	Classification: _____
Comments: _____	
Signature: _____	

cc: Administrators; Counseling Supv; Bldg Counselor; Bldg Clinician; Program Supv; Medical Unit; Intake Clerk; Account Clerk; File