

**BAY COUNTY JUVENILE HOME  
RESIDENT INTAKE REQUEST FORM**

(Form may be completed and faxed to 989.892.4419 with a follow up telephone call or just phone the information to 989.892.4519.)

Name of Youth: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address of Youth: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian/Grandparent **allowed** access to youth? \_\_\_\_\_

Parent/Guardian/Grandparent **not allowed** access to youth? \_\_\_\_\_

Date/Day Needed for Placement: \_\_\_\_\_ E.T.A. \_\_\_\_\_

County Agency Requesting Placement: \_\_\_\_\_

Name of Probation Officer/Caseworker: \_\_\_\_\_

Telephone#: \_\_\_\_\_ 24 Hour Contact #: \_\_\_\_\_

Current Charges/Offense: \_\_\_\_\_

Estimated Length of Stay \_\_\_\_\_

Any known medical problems or disabilities: \_\_\_\_\_

Is the youth in need of medical attention? \_\_\_\_\_

Has there been recent drug or alcohol use by the youth (48hours)? \_\_\_\_\_

What type of use? PBT or other test results? \_\_\_\_\_

Prescribed Medications (Bring with resident at time of intake): \_\_\_\_\_

Inhaler/glasses etc...? \_\_\_\_\_

Comments or additional information: \_\_\_\_\_

Administrator/Team Leader Approval: \_\_\_\_\_ Date: \_\_\_\_\_