

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: _____

Probation Officer/Caseworker: _____

Contact Number(s): _____ Court Ward Act 150

SSN: _____ DOB: _____

Sex: Male Female HGT: _____ WGT: _____ Hair: _____ Eyes: _____

Specific Charge: _____ Previous Charge(s): _____

Previous Placement(s): _____

Length of Stay: _____ days OR Under 7 days Over 7 days Unknown

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Marital Status: _____ Living With: _____

List of Current Medication(s): _____

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: _____

Family Background: _____

Previous School Attended: _____

Grade Level: _____ Special Ed.? : Yes No

Allergies (medications, foods, etc.): _____

Approved Visitors / Telephone Contacts: _____

