Carver County Court Services JUVENILE INTAKE REFERRAL FORM

Name: *First* *Middle* *Last*				Birthdate:
Street Address: (physical address)				Emergency Contact #/Relation:
City:	State:	Zip:	Cell Phone:	Secondary Phone/Type:
Mailing Address: (if different, i.e. PO Box, etc.)				
City:	State:	Zip:	Email:	

Race: ☐ Native American /Alaskan Native ☐Asian ☐Black ☐Black/Hispanic ☐White ☐White/Hispanic
☐ Other _____

Citizenship: ☐ U.S. Citizen ☐ Non U.S. Citizen ☐ Permanent Resident

Height:	Weight:	Eye Color:	Hair Color:	Social Security #	Driver's License #:

Mother/Step Mother's Name: _____ **SSN:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Father/Step Father's Name: _____ **SSN:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Living Arrangements: **Are you living in foster care?** ☐Yes ☐No

Live with: _____ **Relationship:** _____
(full Name(s))

Phone: _____ **Since:** _____

Employment Status:

Are you currently employed? ☐**Yes** ☐**No**

Employer: _____

Education:

Grade Select Grade

School: _____

IEP: ☐**Yes** ☐**No** **Disability** _____

Are you currently attending therapy/counseling/chemical dependency treatment? ☐Yes ☐No

Name/Agency: _____ **Phone #:** _____

Are you currently taking any medications? ☐Yes ☐No **Please list:** _____

Are you currently working with a social worker? ☐Yes ☐No

Name/Agency: _____ **Phone #:** _____

Are you on Medical Assistance? ☐Yes ☐No **Do you have private insurance?** ☐Yes ☐No

Insurance Provider _____ **Group #** _____ **Policy #** _____

For Office Use Only

☐ **Docs Scanned** ☐ **Entered into MGA** ☐ **Reports Added** ☐ **Other:** _____