



MIDLAND COUNTY JUVENILE CARE CENTER
Intake Form Detention

First Name: Middle: Last: Pin Number:

Intake Date: Time: County: Out County Status Offender: [ ] yes [ ] no (Placing County agrees to arrange mental health/substance abuse evaluation within 24 hours of detainment)

[X] Court Ward [ ] Act 150- Date Effective: Case Number:

General Information

[X] Male [ ] Female Date of Birth: Age: Race: Caucasian Religious: None/Unknown

Mother's Name: Parent's Marital Status: Unknown Father's Name:

Mother's Address: Father's Address:

Phone: Cell: Work: Phone: Cell: Work:

Approved Parent(s)/Guardian(s) for Visitation: Relationship youth is residing:

Approved Grandparents(s) Name: Name:

Other(specify): Address:

Phone:

Court Involvement

Specific Charge(s): VOP Legal Status at Admission: Court Ordered Stay

Previous Offense(s): Hearing Date:

Previous Placement(s): Length of Stay: Unknown

Detention Discharge Date:

Educational Information

Name of School: Grade Level:

Address: School Status: Enrolled

Phone Number: Special Education: [ ] yes [ ] no [X] unsure

Plans for Youth to Return to Previous School: [X] yes [ ] no [ ] unsure

Medical Information

Medical Problem(s) and/or Disabilities: None

Currently Taking Medication: [ ] yes [X] no [ ] unsure If yes, List Type(s): N/A

Medical Insurance Provider: Id#: BIN # PCN#

Secondary Provider: Id#: BIN # PCN#

Plans/ Background

Projected Plans for Youth Following Detention:

Family Background:

Behavioral and/or Emotional Concerns:

Suicidal: [ ] yes [ ] no [X] unsure

Family Substance Abuse: [ ] yes [X] no Youth Substance Abuse: [X] yes [ ] no Request Substance Abuse Eval? [ ] yes [X] no

If yes, and being detained more than two weeks, would youth benefit from seeing a Substance Abuse Counselor (no additional charge and contingent on current openings): [ ] yes [X] no (If yes, forward Intake form to J&A counseling: Initials: date: )

Emergency Contact/Probation Officer/ Case Worker Information

PO/ Caseworker Name: E-mail Address:

Department & Address:

Office phone number: On-call or emergency phone number:

Attorney: Phone Number:

Therapist/ Counselor: Phone Number:



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Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
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