[Your County] Juvenile Diversion Program

Intake Form

The information requested below is collected for statistical purposes. No identifying data will be released to other departments or agencies without signed release. **We NEED the information you provide. It will assist us in better serving all youth in [xx] County.**

**Please provide ALL of the following information regarding your son/daughter:**

# Full LEGAL name of juvenile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other name(s) the juvenile may be known as: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Juvenile’s Date of Birth: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language Assistance Needs**

1. Are interpreter services needed? Circle one: NO YES
   1. If yes, in what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. And for whom? Circle one: Child Parent(s) Both Child & Parent(s)

**Telephone Contact Information:**

1. Home Phone (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Juvenile’s Cell (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ | Juvenile’s Work (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ |  |
| Father’s Cell (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ | Father’s Work (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ |  |
| Mother’s Cell (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ | Mother’s Work (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ |  |

**Address Information:**

1. Juvenile’s Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Juvenile’s Mailing Address (If different from Home Address, i.e., P.O. Box):

Address/City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If the child is currently living outside of a parental home, please provide the address of this location:

Address/City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If an address was provided in 13(b), please state the nature of this location, i.e. grandparent, other relative, foster home, group home, etc.:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender, Race, and Ethnicity Information:**

1. What is the juvenile’s gender? Circle one: Male Female
2. What is the juvenile’s race? Check one below:

|  |  |  |
| --- | --- | --- |
| \_\_\_African American | \_\_\_Asian/Pacific Islander | \_\_\_Hispanic or Latino |
| \_\_\_Native American/Alaska Native | \_\_\_Native Hawaiian/other Pacific Islander | \_\_\_Other |
| \_\_\_White/Caucasian | \_\_\_Mixed | \_\_\_Unknown |

1. Please circle which of the below most closely applies to your child’s ethnicity/culture:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_Afghan | \_\_\_Burmese | \_\_\_Congolese | \_\_\_Hispanic/Latino | \_\_\_Hmong | \_\_\_Iraqi |
| \_\_\_Kareni | \_\_\_Laotian | \_\_\_Liberian | \_\_\_Nepalese | \_\_\_Non Hispanic/Latino | \_\_\_Somali |
| \_\_\_Sudanese | \_\_\_Tanzanian | \_\_\_Togolese | \_\_\_Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Academic Information:**

1. Child’s School:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date child began attending the above school (if known): ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current grade: \_\_\_\_\_\_\_\_\_\_\_
4. School ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information:**

1. With whom does the juvenile reside? Check one below:

|  |  |  |
| --- | --- | --- |
| \_\_\_Aunt/Uncle | \_\_\_Both Parents | \_\_\_Equally between separate/divorced parents |
| \_\_\_Father & Step-mother | \_\_\_Father only | \_\_\_Foster/Group Home |
| \_\_\_Grandparents | \_\_\_Mother & Step-father | \_\_\_Mother only |
| \_\_\_Other Non-relative | \_\_\_Other relative | \_\_\_Sister/Brother |

1. What is the household annual income? Circle one: *0 - $9,999 $10,000 to $24,999 $25,000 to $39,999 $40,000 or over*

**Family Relationship:**

1. Please provide the following information regarding the child’s parents/guardians:
   1. Father’s Information:

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/City/State/Zip: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Mother’s Information:

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/City/State/Zip: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If the child does not reside with his/her parent(s), please provide the following information regarding the individual(s) currently responsible for this child, i.e. grandparent, foster parent, etc.

Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address/City/State/Zip: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Please provide the following information regarding other family and household members living in the home:

|  |  |  |
| --- | --- | --- |
| Name (First AND Last) | DOB/Age | This person’s relationship to juvenile (i.e. brother, cousin, etc.) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Insurance:**

1. Juvenile’s health insurance. Circle one: Insurance Medicaid Both Insurance and Medicaid None

**Prior Legal History:**

1. Please list any prior legal violations or charges the juvenile has received, not including the current offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list the date and county of any participation in juvenile diversion prior to the current offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_