

**MACOMB COUNTY JUVENILE JUSTICE CENTER DETENTION INTAKE FORM**

General Information

Youth Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_M \_\_\_F  
County \_\_\_\_\_ Court Ward \_\_\_\_\_ Act 150  
Age \_\_\_\_\_ Race \_\_\_\_\_  
Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Who Is Youth Living With : \_\_\_\_\_  
Approved Parent(s) Visitor \_\_\_\_\_

Court Involvement

Specific Charge \_\_\_\_\_  
Previous Charges \_\_\_\_\_  
Previous Placements \_\_\_\_\_

Educational Information

Name of Current School \_\_\_\_\_ Grade Level \_\_\_\_\_  
Address \_\_\_\_\_ School Status \_\_\_\_\_  
Phone Number \_\_\_\_\_ Special Services \_\_\_Y \_\_\_N \_\_\_Unsure

Medical Information

Medical Problems and/or Disabilities \_\_\_\_\_  
Currently Taking Medication \_\_\_Y \_\_\_N If Yes, List Type(s) \_\_\_\_\_  
Medical Insurance Provider: ID# \_\_\_\_\_ BIN# \_\_\_\_\_ PCN# \_\_\_\_\_  
Secondary Provider: ID# \_\_\_\_\_ BIN# \_\_\_\_\_ PCN# \_\_\_\_\_

Plans/Background

Projected Plans for Youth \_\_\_\_\_  
Family Background \_\_\_\_\_  
Behavioral/Emotional Concerns \_\_\_\_\_  
Youth Substance Abuse Concerns \_\_\_\_\_

Contact Information

PO/Worker \_\_\_\_\_ Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Agency On-Call Contact and Number \_\_\_\_\_  
Attorney \_\_\_\_\_ Attorney Phone \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_