MRYH Checklist for Intake

Please use the following checklist for intake documents needed:

_____ Completed face sheet

_____ Completed Youth Home Demo-Sheet

_____ Completed Medical/Dental Contract

_____ Court Order/3600/PER (whichever applies)

_____ Birth Certificate (Copy of it if you have)

_____ Social Security # (Copy of it if you have)

_____ Copy of Physical and Dental (Something from the last year or two)

_____ Copy of Court Reports and Psychological if one has been completed

_____ Signed Grievance Policy

_____ Signed Suicide Gown Policy

Muskegon River Youth Home, Inc.

P.O. Box 956
3030 Long Lane
Evart, MI 49631
(231) 734-6254
Fax: (231) 734-6258

FACE SHEET

Resident Info:

D.O.A. ____/_____/_____

Legal Status :_____

Name: _____

Address: _____

_____

D.O.B. _____/_____/_____

Parent Info:

Name:_____

Address: _____

Telephone : _____

DOB:_____ Marital Status: ___S. ____M.___D

Parents called with visitation/phone call guidelines

(__) yes (___) no

Sex: M / F Race:_____ HGT:_____ WGT: _____ HAIR: _____ EYES: _____

Identifying Marks: _____

Insurance Info: _____

SSN: _____ Religious Preference: _____

Referring County: _____
Address: _____

Contact Person: _____**Telephone** : _____
Email:_____ **Fax:** _____

Youth's History

Highest Adjudicated Offense: _____
Aggressive/Assaultive Behaviors? (___) yes (__) no Suicide Attempts (__) yes (___) no

Last School attended and grade: _____ _____
Special Education? (__) yes (___) no

Allergies:_____
List of Current Medications: _____

_____

Approved visitors/telephone contacts: (**policy is workers, parents and siblings in the home** unless special circumstances) Please list parents and siblings names here if approved for the visits and phone.

Please list any restrictions on mail:

_____ _____
Signature of person completing form Date

Youth Home Resident Demo Sheet

DATE: _____ **Arrival Date:** _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security#: _____ Gender: M / F

Home Address: _____ Telephone #: _____

Grade in School: _____ Last School Attended: _____

Special Ed: Y/N Emotional Impairment or Learning Disability

Race: _____ Eye Color: _____ Hair Color: _____

Identifying Marks/Tattoos: Y/N Where: _____

Piercings: Y/N Where: _____

Self-Mutilation: Y / N How many yrs: Last Time Cutting: _____

Placement Facility: _____ Length of Placement: _____

Reason for placement: _____

Probation Charges: _____ Other Legal Hx: _____

Referral Contact (DHS/PO/Foster): _____

Referring County: _____ Address: _____

Telephone#: _____ Fax #: _____

Email: _____

GUARDIAN INFORMATION

Mother: _____ DOB: _____ Rights/Visitation Y N

Address: _____ Telephone#: _____

Father: _____ DOB: _____ Rights/Visitation Y N

Address: _____ Telephone#: _____

Are Parents living together? Yes or No Married Divorced or Cohabitant

Step Parents: _____

Primary Guardian: _____ DOB: _____

Address: _____ Telephone#: _____

Is Primary Guardian Biological or Adoptive or Court Appointed?

PAST PLACEMENT

Past Residential Placement: _____

Where/Year/Duration: _____

Past Juvenile Detention: _____

Where/Year/Duration: _____

Psych Hospital Placement: _____

Where/Year/Duration: _____

Total Foster Family Placement: _____

City/Year/Duration: _____

Eye Exam in last 2 years: Y or N Dental Exam in last Year: Y or N Orthodontist Services: Y or N

MCIR Updated: _____ PE Last Completed: _____ Date of Last Labs: _____

Mental Health and Medical Records accompany client: Y or N

Medical Release of Information: Y or N

Recent Hospitalizations: _____

Recent Injuries or Illness: _____