

Admission Information Check Sheet

Each item must be verified with the placing worker. Initial all boxes indicating that the item was reviewed.

Placement Information			
Name:		DOB:	
Gender: M F			
Date of Arrival:		ETA:	
Placing/Billing County:			
Placing Worker/Caller:		Phone:	
Prior Placement: Y N			
Type of Placement:	Short Term Detention:	()24	()48 ()72
TPC	Court Order – Sanction	Court Order – 180 Program	
Reason for Placement:	DEL	JIPS (Court Ordered)	CHIPS NO!
Current Violation:			
Original Adjudicated Offense:			
No contacts:	Phone	Visitation	Mail Other
List:			
Placement Paperwork: Y N		()Fax ()with Transport ()Email	
Medical Information			
Is the juvenile: () Sick or injured () Mentally/emotionally distressed () Under the influence of alcohol or drugs			
Has the juvenile been screened for COVID-19 symptoms? Y N. List symptoms: _____			

Medical clearance required: ()		Written documentation: ()	
Medication: Y N		Current Prescription?	
Medical Consent: Y N		Signed?	
Special Conditions:		AODA:	
Mental:		Physical:	
Release Information			
Release Date:		Release To:	
Court Date:		Expected to Return: Y N	
Out of Computer:	Y N		
Out of Register:	Y N		
Paperwork Pulled:	Y N		
Personal Items Released:	Y N		
Meds Released:	Y N		
Release Sheet Faxed:	Y N		