



**EDUCATION:**

Youth is currently attending: \_\_\_\_\_

**MEDICAL AND SAFETY RISK:**

No Known Medical and Safety Concerns

Safety Concerns *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_

Allergies *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_

Medical Concerns *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_

**EMERGENCY CONTACT *(Required):***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

**YOUTH'S LEGAL GUARDIAN:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PERSON WITH WHOM YOUTH CURRENTLY LIVES *(if different than Legal Guardian):***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Placement *(If applicable):* \_\_\_\_\_

**CURRENT CASES *(if applicable):***

D&N Case Number: \_\_\_\_\_ County: \_\_\_\_\_

JD Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Truancy Case Number: \_\_\_\_\_ County: \_\_\_\_\_

**CONTACT INFORMATION FOR SUPPORT PROFESSIONALS** *(Required if applicable):*

CASEWORKER ASSIGNED: \_\_\_\_\_ Ph. # \_\_\_\_\_

Email address: \_\_\_\_\_

GUARDIAN AD LITEM: \_\_\_\_\_ Ph. # \_\_\_\_\_

Email address: \_\_\_\_\_

PROBATION OFFICER: \_\_\_\_\_ Ph. # \_\_\_\_\_

Email address: \_\_\_\_\_

OTHER SUPPORT: \_\_\_\_\_ Ph. # \_\_\_\_\_

Email address: \_\_\_\_\_

**AREAS OF NEED** *(Please assign a number to each category, 1=highest need, 9=lowest need.):*

	<b><i>Life Skills/Self-Sufficiency</i></b>		<b><i>Goal Planning</i></b>		<b><i>Employment Readiness</i></b>
	<b><i>Emotional Support</i></b>		<b><i>Financial Literacy and Stability</i></b>		<b><i>Educational Support</i></b>
	<b><i>Resource Navigation</i></b>		<b><i>Advocacy Opportunities</i></b>		<b><i>Peer Relationships</i></b>

**YOUTH HISTORY AND INFORMATION:**

Details the Youth feels comfortable sharing regarding family history or other background information to help us know them better *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_

Details the Youth feels is important for us to know, so we can match a mentor to them that is a good fit and will provide the best support to the Youth *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_

**INCOMPLETE SECTIONS:**

If any section is left blank, please explain *(Type as much detail as necessary. Text will wrap):*

\_\_\_\_\_