

**MDHS – DIVISION OF YOUTH SERVICES
JUVENILE PERSONAL DATA SHEET**

I. PERSONAL INFORMATION

COUNTY: _____ CO. # _____ DATE FORM COMPLETED: _____
 NAME: _____ SSN: _____
 ADDRESS: _____
 HOUSE# STREET CITY STATE ZIP
 PHONE: _____ DOB: _____ RACE: _____ SEX: _____
 HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

II. SCHOOL/EMPLOYMENT INFORMATION

IS YOUTH EMPLOYED? YES or NO IF SO, WHERE: _____
 IS YOUTH IN SCHOOL? YES or NO IF SO, WHERE: _____
 CURRENT GRADE: _____ ATTENDANCE: (REGULAR) (IRREGULAR) (SPEC. ED.) (GED)
 IS YOUTH BELOW EXPECTED GRADE LEVEL? YES or NO GRADE FAILED: _____

III. FAMILY INFORMATION

YOUTH LIVING WITH: _____ RELATIONSHIP: _____
NATURAL MOTHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION/EMPLOYER: _____ PHONE: _____
NATURAL FATHER: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION/EMPLOYER: _____ PHONE: _____
LEGAL GUARDIAN: _____ DOB: _____
 ADDRESS: _____ PHONE: _____
 OCCUPATION/EMPLOYER: _____ PHONE: _____

SIBINGS

NAME	SEX/AGE	ADDRESS	GRADE/EMPLOYMENT

IV. MEDICAL/PSYCHOLOGICAL INFORMATION

IMMEDIATE MEDICAL NEEDS: _____
 IMMEDIATE PSYCH. NEEDS: _____
 CURRENT MEDICATIONS: _____
 MEDICAL INSURANCE CO. & NUMBER: _____
 KNOWN TO OTHER AGENCIES: _____